* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 25839

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Royal Oaks Building Group, LLC	Date: 12 20 10	
Site Address: 105 Red Coat Drive	Phone: 919.233.3886	
Directions to job site from Lillington: Head South on Main St toward Front S	t; Turn Right at NC 210 S;	
Turn Right on Overhills Rd; Turn Left on Overhills Rd; Continue onto Nursery R		
Turn Right at Sawyer Rd		
Subdivision: Village of Lexington	Lot: 161	
Description of Proposed Work: Single Family Home	# of Bedrooms: 3	
Heated SF: 1687 Unheated SF: 336 Finished Bonus Room?		
General Contractor Information		
Royal Oaks Building Group, LLC	919.233.3886	
Building Contractor's Company Name	Telephone	
1210 Trinity Road, Ste 102 Raleigh, NC 27607	kwesterman@royaloaksbg.com	
Address	Email Address	
Dail the Hally	49775	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Informatio	License #	
Description of Work Electrical Rough-In and Final Service Size:	<u>n</u> 200 Amps T-Pole: √ YesNo	
Imperial Electric	919-363-7474	
Electrical Contractor's Company Name	Telephone	
PO Box 162, Apex, NC 27502	•	
Address	Email Address	
Dogl Julies	19850	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical/HVAC Contractor Inform	<u>nation</u>	
Description of Work install HVAC and duct system		
Stewart's Heating and Air	919-362-0387	
Mechanical Contractor's Company Name	Telephone	
2430 Reliance Ave, Apex, NC 27539	his there e standers heating and air. com	
Address	Email Address	
Simple of Superior (Santage Age	09308	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information	License # n	
Description of Work plumb single family home	# Baths_ 2.5	
Barbour and Pourron	919-533-4455	
Plumbing Contractor's Company Name	Telephone	
PO Box 934, Clayton, NC 27528	Totophono	
Address	Email Address	
la la Va	10672	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information		
Tatum Insulation II	919-661-0999	
Insulation Contractor's Company Name & Address	Telephone	

Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)			
1. Do you own the land on which this building will be constructed? Yes No			
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? Yes No			
3. Do you intend to directly control & supervise construction activities? Yes No			
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? Yes No			
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? Yes No			
I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation Date			
Affidavit for Worker's Compensation N.C.G.S. 87-14			
The undersigned applicant being the:			
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work			
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:			
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance			
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. Has no more than two (2) employees and no subcontractors. While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.			
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. Has no more than two (2) employees and no subcontractors. While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation			

Plan B	ox Numi	ber B-6	
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Job Name Royal Oxx 5

Date: 1-6-11

Required Inspections for SFA/SFD

Appl. # //-5 25839 Valuation # /31, 438 Sq. Feet 2023

Sequence

10	R* Bldg. Footing
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp. MonD
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
40	Four Trade Rough In
	Four Trade Rough In> 2500
40	Three Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
	w. Operations I chill