* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 25840

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: 95 Red Cont Drive	Phone: 919.233.3886
Directions to job site from Lillington: Head South on Main St toward	Front St; Turn Right at NC 210 S;
Turn Right on Overhills Rd; Turn Left on Overhills Rd; Continue onto Nu	
Turn Right at Sawyer Rd	
Subdivision: Village of Lexington	Lot: 162
Description of Proposed Work: Single Family Home	# of Bedrooms: 3
Heated SF: 1782 Unheated SF: 1009 Finished Bonus Roo	
General Contractor Infor	mation
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
Hait M Harpen	49775
Signature of Owner/Contractor Officer(s) of Corporation	License #
Electrical Contractor Info	rmation
Description of Work Electrical Rough-In and Final Service Imperial Electric	Size; 200 Amps T-Pole: Yes No
	919-363-7474 Talanhara
Electrical Contractor's Company Name	Telephone
PO Box 162, Apex, NC 27502	En ell Address
Address Sulver	Email Address 19850
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor	<u>Information</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	choir thorne @ standed sherting and nil. com
Address	Email Address
- Mise	09308
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Info	License# r <u>mation</u>
Description of Work plumb single family home	# Baths ?· \$
Barbour and Pourron	919-533-4455
Plumbing Contractor's Company Name	Telephone
PO Box 934, Clayton, NC 27528	·
Address	Email Address
la la Va	10672
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Info	License #
Tatum Insulation II	919-661-0999
Insulation Contractor's Company Name & Address	Telephone
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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 <u>any</u> 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.			
Vat M /// 12/20/10			
Vat M /// 12/20/10			
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14			
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 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			
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 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:			
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 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.			
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 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	Box	Number_	B-6	
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Job Name Royal Days

Date: 1-4-11

Required Inspections for SFA/SFD

Appl. #_ 11-5-25840 Valuation \$143,197 Sq. Feet 2204

Sequence

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