* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 2 6393

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: William AND SUSAN LEGERER	Date: 3/3///		
Site Address: 7	Phone:		
Directions to job site from Lillington: TAKS Hwy 210 3 To	OUERHILLS Rd TURN		
Right Approx 6 miles Dous Ridge on Right	TURN Right on Dous Roge		
and Then Left at Sirst interesection but on	Right.		
	Lot:		
Description of Proposed Work: Msw (anstruction	# of Bedrooms: 3		
Heated SF: 3444 Unheated SF: 793 Finished Bonus Room? 455 Crawl Space: Slab: Slab:			
GARY ROBINSON Homes	910 977-2562		
Building Contractor's Company Name	Telephone		
5511 RAMSESI St. Suite 300			
Address / //	Email Address		
Day W. Rf	67530		
Signature of Owner/Contractor/Officer(s) of Corporation	License #		
Description of Work HEW Constauction Service Size:	Amps T-Pole: YesNo		
	910 323-2458		
Electrical Contractor's Company Name	Telephone		
454 WhitzheAD Rd			
Address 411	Email Address		
Lenta Storme	NC1000 6U		
≸ignature of Owner/Contractor/Officer(s) of Corporation Mechanical/HVAC Contractor Inform	License #		
Description of Work How Constant For	actori		
Custom HEATING & AIR	910 820-7063		
Mechanical Contractor's Company Name	Telephone		
2760 JERNIGAN Rd Dunn NC28334			
Address 0 10	Email Address		
Charles Stewart	4508		
Signature of Owner/Contractor/Officer(s) of Corporation	License #		
Plumbing Contractor Informatio	2		
Description of Work NEW ConsTruction	_# Baths		
DELL HAIRE Plumbing	9/8 427-9939 Telephone		
Plumbing Contractor's Company Name	relephone		
76/2 Documentary DRIVE PAY. 28311 Address 1	Email Address		
Dell Hair	24204 P-1		
Signature of Owner/Contractor/Officer(s) of Corporation	License #		
Insulation Contractor Information			
NA	Tiloubana		
Insulation Contractor's Company Name & Address	Telephone		

*NOTE: General Contractor must fill out and sign the second page of this application.

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?YesNo			
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? YesNo			
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? YesNo			
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:			
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:			
set forth in the permit:			
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			
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			
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.			

		Gary
		12
Plan Box Number	Job Name	Mobinsor
		165-11
	Date:	43-11
Required Inspections for SFA	/SFD	
required hispections for St A		15002639
	Valuation	\$ 255,598
	Sq. Feet	2934
Sequence		3137
10	Dt Dill D	
10	R* Bldg. Footing	
10	R* Mono Slab	
10-30	R* Elec. Temp Service Pole	
20	Foundation Survey R* Building Foundation	
20	Address Confirmation	Slab
30-999	Open Floor	S1a0
30-999	R* Bldg. Slab Insp.	Mono
30-999	R* Elec. Under Slab	WIOHO
30-999	R*Plumb. Under Slab	Crawl
40	Four Trade Rough In	
40	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 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	
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