

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 11-500-26566

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCANNED  
4/29/11  
DATE

**Application for Residential Building and Trades Permit**

Owner's Name: Regency Homes Inc Date: \_\_\_\_\_

Site Address: 6506 Dental Ln Fay, NC 28314 Phone: 910-424-0455

Directions to job site from Lillington: HWY 87 N from Springlake to HWY 27, turn (R) on HWY 27. Go 1 mile to Hoover Rd Turn (L) on Hoover. Go 1/2 mile to Entrance on left

Subdivision: Persimmon Hills Lot: 25

Description of Proposed Work: New Home Construction #Bedrooms: 4

Heated SF 2325 Unheated SF 639 Finished Rec Room? yes Crawl Space ( Slab ( ))

**General Contractor Information**

Regency Homes Inc 910-424-0455  
Building Contractor's Company Name Telephone

6506 Dental Ln Fay, NC 28314 32067-U  
Address License #

Signature of Owner/Contractor/Officer(s) of Corporation  
Must sign & fill out second page

**Electrical Permit Information**

Description of Work Electrical Service Size: 200 Amps TPole: yes/no

Gemater Electric 910-425-4915  
Electrical Contractor's Company Name Telephone

5755 Crewshaw Dr, Hope Mills 28348 13202-U  
Address License #

Signature of Officer(s) of Corporation

**Mechanical/HVAC Permit Information**

Description of Work HVAC  
Certified Heating & Air 910-858-0000  
Mechanical Contractor's Company Name Telephone

P.O. Box 1071 Hope Mills NC 28348 NC 20012  
Address License #

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Plumbing # Baths \_\_\_\_\_  
Bill Hallock Plumbing 910-858-4139  
Plumbing Contractor's Company Name Telephone

2408 NC Hwy 71 N Parkton, NC 28371 24037  
Address License #

Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tri-City Insulation 418 Person St Fay NC  
Insulation Contractor's Company Name & Address Telephone

910-486-8855

APR 29 2011

### 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.

[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

4-27-11  
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:

\_\_\_ 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.

Company or Name: Regency Homes Inc

Sign w/Title: [Signature] Date: 4-27-11