

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

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

Application # 11-50027082

**Application for Residential Building and Trades Permit**

Owner's Name: HJ Morris Construction Date: 8/26/11  
Site Address: 125 Honor Ln Phone: 910 977-2562  
Directions to job site from Lillington: HWY 210 S Approx 14 miles ON LEFT.

Subdivision: Gwen Oaks Lot: 51  
Description of Proposed Work: New Construction # of Bedrooms: 3  
Heated SF: 2034 Unheated SF: 690 Finished Bonus Room? NO Crawl Space:  Slab:

**General Contractor Information**

GARY ROBINSON HOMES Telephone: 910 977-2562  
Building Contractor's Company Name  
5511 RAMSEY ST. SUITE 100 Email Address: garyrobinsonhomes@gmail  
Address  
[Signature] License #: 107530 unlimited  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Contractor Information**

Description of Work NEW Construction Service Size: 200 Amps T-Pole:  Yes  No  
CURRENT TECHNOLOGIES Telephone: 919 278-8894  
Electrical Contractor's Company Name  
3818 Bland Road Raleigh NC 27609 Email Address: [Blank]  
Address  
[Signature] License #: 239634  
Signature of Owner/Contractor/Officer(s) of Corporation

**Mechanical/HVAC Contractor Information**

Description of Work NEW Construction  
CUSTOM HEATING & AIR Telephone: 919 820 7063  
Mechanical Contractor's Company Name  
276 JERNIGAN RD DUNN NC Email Address: [Blank]  
Address  
[Signature] License #: 04508 H31  
Signature of Owner/Contractor/Officer(s) of Corporation

**Plumbing Contractor Information**

Description of Work New Construction # Baths: 3  
DELL HAIRE PLUMBING Telephone: 910 429-9939  
Plumbing Contractor's Company Name  
7612 DOCUMENTARY BLVD FAY, 28311 Email Address: [Blank]  
Address  
[Signature] License #: 24204 P-1  
Signature of Owner/Contractor/Officer(s) of Corporation

**Insulation Contractor Information**

TRI CITY Telephone: 910-486-8855  
Insulation Contractor's Company Name & Address

\*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?  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 that **I affirm that I have obtained all listed contractors permission to obtain these permits** 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

9-6-11  
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.

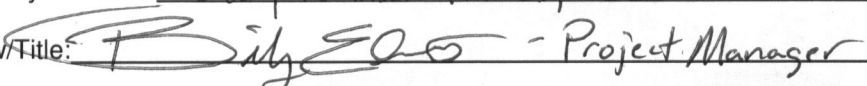
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: Gary Robinson Homes, LLC

Sign w/Title:  - Project Manager Date: 9-6-11

Plan Box # H4

Date 9-10-11

Job Name Gary Robinson

App # 1150027082

Valuation \$161909

SQ Feet 2492

**Inspections for SFD/SFA**

Crawl

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

Foundation Survey \_\_\_\_\_

Envir. Health

Other \_\_\_\_\_  
\_\_\_\_\_

**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_