

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 # \_\_\_\_\_

1150027083

**Application for Residential Building and Trades Permit**

Owner's Name HJMORRIS Construction Date 8/26/11  
Site Address 97 VALOR CIR BUNELWEL NC Phone \_\_\_\_\_  
Directions to job site from Lillington HWY 210 S APPROX 14 MILES ON LEFT

Subdivision GWEN OAKS Lot 32  
Description of Proposed Work New Construction # of Bedrooms 3  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

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

**Electrical Contractor Information**

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

**Mechanical/HVAC Contractor Information**

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

**Plumbing Contractor Information**

Description of Work NEW CONSTRUCTION # Baths 3  
DELL HAIRE PLUMBING 910 429-9939  
Plumbing Contractor's Company Name Telephone  
7612 DOCUMENTARY BLVD FAY, 28311  
Address  
[Signature] 24204 7-1  
Signature of Owner/Contractor/Officer(s) of Corporation Email Address License #

**Insulation Contractor Information**

TRI CITY 910-486-8855  
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?  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

W. R. Eason  
Signature of Owner/Contractor/Officer(s) of Corporation

8-29-11  
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 W. R. Eason Date 8-29-11

Plan Box # 63

Date 8-18-11  
Job Name Gary Robinson

App # 1150027083

Valuation \$155,087

SQ Feet 2387

**Inspections for SFD/SFA**

Crawl X

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 \_\_\_\_\_