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

## Application # 11-500 27085

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: _ HJ Morris Comstruct	Date: Date:			
Site Address: 114 Honor Lanz	Phone:			
Directions to job site from Lillington: Hwy 210 5 Appro				
Cauco Mala				
Subdivision: Gwen Oaks	Lot: <u>57</u>			
Description of Proposed Work: New Constru				
Heated SF: Finished Bonus Roo				
General Contractor Inform				
Building Contractor's Company Name	910 977-2562 Tolophone			
SELL Planes of (4 S. 4 122)	Telephone			
SSII RAMSEY St. Suite 100	gary robmsonhows pgm Email Address			
Additions At the Committee of the Commit	67530 unlimited			
Signature of Owner/Contractor/Officer(s) of Corporation	License #			
Electrical Contractor Infor				
Description of Work MEW Constructor Service				
CURRENT TECHNOLOGIES	919 278 - 3894			
Electrical Contractor's Company Name	Telephone			
3818 Bland Road Kaleyh NC 27609				
Address Journ	Email Address 239634			
Signature of Owner/Contractor/Officer(s) of Corporation	License #			
Mechanical/HVAC Contractor I	<u>nformation</u>			
Description of Work WEW Construction				
Custom HEATING & AIR	919 820 7063			
Mechanical Contractor's Company Name	Telephone			
276 Jeenigan Rd Dunn NC	<u> </u>			
Address	Email Address			
Moules Stews Signature of Owner/Contractor/Officer(s) of Corporation	04508 1731			
Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Inform	License #			
Description of Work HEW Construction				
	# Baths 3 910 429 - 9939			
Plumbing Contractor's Company Name	770 727 - 773 / Telephone			
7612 Documentary Rows Fay. 28311	relephone			
Address 1/-	Email Address			
T dl 10,00	24204 7-1			
Signature of Owner/Contractor/Officer(s) of Corporation	License #			
Insulation Contractor Information				
TRI City	910-486-8855			
Insulation Contractor's Company Name & Address	Telephone			

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 Yes No 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 Yes No 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 Yes No secured the permit?	
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	
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 w set forth in the permit:	ork
// compensation insurance to cover there	n.
Has three (3) or more employees and has obtained workers' compensation insurance to cove them.	r
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insuran covering themselves.	ce
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 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, UC	_
Company or Name: Gary Robinson Homes, UC Sign Writle: Toll Sign Writte: Project Manager Date: 9-6-11	_

Plan Box #	Job Name Gary Robinson	
App # 11500 27085	Valuation \$ 169,446	SQ Feet <u>2608</u>
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		