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

Application #

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 Construction	Date: 112411
Site Address: 40 Honor Lane, Bunnlevel, 1	17,243 Phone: 910 - 401-5505
Directions to job site from Lillington: Hwy 210 5 Paper	ox 14 miles on lect
Directions to job site from Emiligion. Has a 210 3 1200	of 14 miles of real
- 0 1	
Subdivision: Gwen Ocks	Lot: Lot:
Description of Proposed Work: New Construction	# of Bedrooms:
Heated SF: 458 Finished Bonus Room?	Crawl Space: Slab:
Gary Robinson Homes	910-977-2562
Building-Contractor's Company Name	Telephone
55,11 Ramsey St, Suite 100, Fay 1028311	gary robinson homes a yahoo.com Email address
Dan will	67530 unlimited
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information	on 2.oo_Amps T-Pole: ✓ YesNo
Electrical Contractor's Company Name	919-278-8894 Telephone
	relephone
3818 Blano Road, Raleigh, NC 27609 Address	Email Address
Address	23963 U.
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor Inform	
Description of Work New Construction	
Custom Heating & Clir	919-820-7063
Mechanical Contractor's Company Name	Telephone
276 Jernigon Rd, Dunn, NC	
Address	Email Address
Mails Shand	04508 H31
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information	on
Description of Work New Construction	# Baths
Dell Haire Plumbing	910-429-9939
Plumbing Contractor's Company Name	Telephone
7612 Documentary Drive, Fay NC 28311	
Address 11 -	Email Address
Voll Ham	24204 P-1
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Informati	License #
Mucha la IT 1/2 Tax 11205 Ali da	DI GIA - 494-7110
Insulation Contractor's Company Name & Address Fay NC 2831	Telephone
1882001. HAL	12 his ence # 9010111

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 <u>any</u> 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 FERS - 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:
Affidavit for Worker's Compensation N.C.G.S. 87-14
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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
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:
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
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
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.
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