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

App	lication	#	
App	lication	#	

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 Gary Robinson Homes	Date
Site Address 40 Honor Lane, Bun level, NC	Phone 910-401,5505
Directions to job site from Lillington Hwy 2105 appro	x 14 miles on Left
Subdivision Gwen Oaks	Lot 6
Description of Proposed Work New Construction	# of Bedrooms 3
Heated SF 2166 Unheated SF 528 Finished Bonus Room?	•
General Contractor Information	
Gary Robinson Homes	910-977-2562
Building Contractor's Company Name	Telephone
Address St, Su, te 100, tay 1028311	gary robinson homes a yahoo con Email address
Dan hyll	67530 unlimited
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information	License #
Description of Work New Construction Service Size	200 Amps T-Pole ✓ YesNo
Current Technologies	919-278-8894
Electrical Contractor's Company Name	Telephone
3818 Blano Road, Raleigh, N.C. 27609	
Address	Email Address
My	239636
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical/HVAC Contractor Inform	License #
	mattern
Description of Work New Construction	919-820-7063
Mechanical Contractor's Company Name	Telephone
276 Jernigon Rd, Dunn, NC	
Address	Email Address
Mules Stund	04508 H31
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information	
Description of Work New Construction	# Baths
Dell Haire Plumbing	910-429-9939
Plumbing Contractor's Company Name	Telephone
7612 Documentary Drive, Fay NC 28311	Email Address
Address	24 204 P-1
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Informati	<u>on</u>
Cumberland Insul. Co., INC., 4205 Clinton	R1910 - 484-7118
Insulation Contractor's Company Name & Address FAY NC 283	Telephone
	- Liaense # 901046

1)†

Please answer the following Questionnaire per G	ing questions then see a	Permit Technician to	Build Their Own determine if you qualify for Building Permits (Men	permit under Owners	Exemption request)
1 Do you own the	land on which thi	s building will b	e constructed?	Yes	_ No
2 Have you hired manage construction		n individual to s	superintend and	Yes	_ No
3 Do you intend to	o directly control &	k supervise con	struction activities?	Yes	_ No
4 Do you intend to construction work t		ect or directly pa	ay for all phases of	Yes	_ No
months following co	ompletion of cons t creates the presi	truction and do	for at least 12 consective you understand that aw that you fraudule	if	_ No
and that the constru Mechanical codes a contractors is correct number of bedrooms changes I certify it is any and all changes	uction will conform and the Harnett Cout as known to me als building and trades my responsibility to 2.5 feb. 6 Months to 2.5	to the regulation to the regulation unity Zoning Ording I and if any change plans Environm to notify the Harr	eary application that the ns in the Building El nance. I state the infes occur including listed tental Health permit chaptet County Central Persisue fee is \$150.00	lectrical Plumbin formation on the d contractors site anges or propose ermitting Departm	ng and above e plan ed use nent of
ha la W	″ _				
Wan My			10)19/1	1	
Signature of Owner/C	Contractor/Officer(s)	of Corporation		1	
Signature of Owner/O	Affidavıt for W		Date Densation N C G S		
The undersigned app	Affidavit for Wollicant being the	orker's Comp	Date	S 87-14	er
The undersigned app	Affidavit for Wollicant being the IntractorO	orker's Comp	Date pensation N C G S	87-14 ontractor or Own	
The undersigned app General Cor Do hereby confirm ur set forth in the permit	Affidavit for Wollicant being the IntractorOnder penalties of penalties	orker's Compounds wher	Date pensation N C G S Officer/Agent of the Co	ontractor or Owneration(s) perform	ing the work
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The undersigned app General Cor Do hereby confirm ur set forth in the permit Has three (3) or them Has one (1) or them Has no more t While working on the Department issuing the to issuance of the permit	Affidavit for Wollicant being the intractorOnder penalties of penalties of penalties of penalties of more employees in more subcontractor more subcontractor more subcontractor than two (2) employed project for which the permit may requirement and at any time	orker's Compound or compound of the compound o	Date Densation N C G S Officer/Agent of the Control of the Contr	ontractor or Owner or on Insurance to constant on Insurance to constant on Insurance or compensation on Insurance or compensation insurance or compe	cover them e to cover in insurance