

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

Application # 1250028482

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

**Application for Residential Building and Trades Permit**

Owner's Name: Robert Thomas Homes, LLC Date: 2-27-2012

Site Address: 126 Wynngate Drive, Cameron, NC 28326 Phone: 919-614-6652

Directions to job site from Lillington: \_\_\_\_\_

Take HWY 87 north to hwy 24. Go west on HWY 24 two miles. Take a left on Marks Road. Asheford is on the left. Take 1st left onto Lockhaven Ct.

Subdivision: Asheford Lot: 88

Description of Proposed Work: New Residential Construction #Bedrooms: 3

Heated SF 2202 Unheated SF 1054 Finished Rec Room? NO Crawl Space ( ) Slab

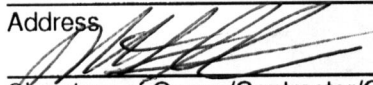
**General Contractor Information**

Robert Thomas Homes, LLC 919-614-6652

Building Contractor's Company Name Telephone

P.O. Box 1007 Garner, NC 27529 69522

Address License #

  
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

**Electrical Permit Information**

Description of Work New Residential Electrical Service Size: 200 Amps TPole: yes/no

Allman Electric 910-485-8617

Electrical Contractor's Company Name Telephone

345 Wilkes Rd. Fayetteville, NC 28306 06136 EL-U

Address License #

  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

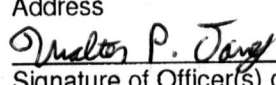
Description of Work New Residential HVAC

Jones & Jones Heating and Air 910-850-9120

Mechanical Contractor's Company Name Telephone

5217 Marracco Drive Hope Mills, NC 28348 11614 H2 &3

Address License #

  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New Residential Plumbing # Baths 2-1/2

Vance Johnson Plumbing, Inc. 910-424-6712

Plumbing Contractor's Company Name Telephone

3242 Mid-Pine Road. Fayetteville, NC 28306 NC 7756-P1

Address License #

  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tri-City Insulation, Inc. 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 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 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.

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

2-27-2012

\_\_\_\_\_  
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: Robert Thomas Homes, LLC

Sign w/Title: \_\_\_\_\_

President

Date: 2-27-2012

Plan Box # AG

Date 2-29-12

Job Name Robert Thomas

App # 1250028482

Valuation 173799

SQ Feet 2675

**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 \_\_\_\_\_