

* 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 # 1250028484

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: 151 Lockwood Drive Phone: 919-614-6652

Directions to job site from Lillington: _____

Hwy. 210 south towards Spring Lake to Hwy 87 N. Turn Right into Lexington Plantation (The Colony in Back of Subdivision

Subdivision: Asheford Lot: 90

Description of Proposed Work: New Residential Construction #Bedrooms: 4

Heated SF 2530 Unheated SF 538 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

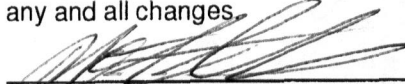
Insulation Contractor's Company Name & Address Telephone

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.

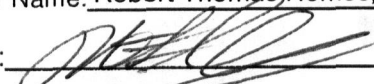
___ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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