* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 12 金のひとうこ

03/30

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

Description of Proposed Work: New Construction Service Size: 200 Amps T-Pole: Yes No Gurrent Technologies Electrical Contractor/Officer(s) of Corporation Description of Work New Construction Realizable Address Signature of Owner/Contractor/Officer(s) of Corporation Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No Gurrent Technologies Signature of Owner/Contractor/Officer(s) of Corporation Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No Gurrent Technologies Electrical Contractor's Company.Name # Mechanical Contractor/Officer(s) of Corporation Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No Gurrent Technologies Email Address 239 U 3 U License # Mechanical/HVAC Contractor Information Description of Work New Construction Description of Work New Construction Telephone 210 Janigon Rd, Dunn, NC Address Signature of Owner/Contractor/Officer(s) of Corporation Description of Work New Construction Flumbing Contractor Information Description of Work New Construction # Baths	Subdivision: <u>Gwen Oaks</u>	Lot: \\
Heated SF: 1962 Unheated SF: 1934 Finished Bonus Room? General Contractor Information Gary Robinson Homes Building Contractor's Company Name 55.11 Ra msey St. Suite 100 Fay 1028311 Address Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information Description of Work New Construction Plumbing Contractor's Company Name 274 7508 H31 License # Plumbing Contractor's Company Name Plumbing Contractor Information Email Address 29 29 29 29 39 Telephone Email Address 29 20 20 20 20 20 20 20 20 20 20 20 20 20		# of Bedrooms:
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	Signature of Owner/Contractor/Officer(s) of Corporation	License #
	Cumberland Insul Co., Inc., 4205 Clint	01910 - 494-7118

*NOTE: General Contractor must fill out and sign the second page of this application.

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)
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? YesNo
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 FERM - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee, shedule.
Signature of Owner/Contractor/Officer(s) of Corporation L L Z Date
San 14 St - 6/4/12
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
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 work
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 work set forth in the permit:
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 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
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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 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
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 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

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