Application # 12500 29033

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match 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: 210 Highway Development			
Site Address: a 15 Tactical Dr Bunnlevel, NC:	28323 Phone: 910 - 401-5505		
Directions to job site from Lillington: Huy 210 5 Appro	ox 14miles on left		
	Lot: 17		
Subdivision: Gwen Daks			
Description of Proposed Work: New Construction	# of Bedrooms:		
Heated SF: 100 Unheated SF: 100 Finished Bonus Room? General Contractor Information	Crawl Space: X Slab:		
Gary Robinson Homes	910-977-2562		
Building Contractor's Company Name	Telephone		
55/1 Ramsey St, Suite 100, Fay NC283/1	gary robinson homes a yahoo . cor		
Address	Emanadoress		
Signature of Owner/Contractor/Officer(s) of Corporation	67530 unlimited		
Electrical Contractor Informat	ion		
Description of Work New Construction Service Size	Amps T-Pole: Yes No		
Current Technologies	<u>919-278-9894</u> Telephone		
Electrical Contractor's Company Name	Генерполо		
4/008 Bornett Dr. Stanz. Raleigh, NX 27609 Address	Email Address		
Address	23963L		
Signature of Owner/Contractor/Officer(s) of Corporation	License #		
Mechanical/HVAC Contractor Info	<u>ormation</u>		
Description of Work New Construction	919-820-7063		
Custom Heating Y Cuir Mechanical Contractor's Company Name	Telephone		
276 Jernigon Rd, Dunn, NC			
Address Address	Email Address		
Mules Stund	04208 H31		
Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Informa	License # ation		
Description of Work New Construction	# Baths		
$\sim$ $\sim$	910-429-9939		
Plumbing Contractor's Company Name	Telephone		
7612 Documentary Drive, Fay NC 28311			
Address A 1 1 =	Email Address		
Doll Hands (Stepario) of Compression	<u>ay ao4 P-1</u> License #		
Signature of Owner/Contractor/Officer(s) of Corporation  Insulation Contractor Information	ation		
Ourshala I Tamed Co. Two 4205 Clint	loned 910 - 484-7118		
Insulation Contractor's Company Name & Address Fay NC28	3/2 Telephone		
	512 Liaense # 901046		

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

Elagricule or (\$1 saling Appartiable)

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				
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? 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 <a href="mailto:any">any</a> 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 FEEDS - 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				
Signature of Owner/Contractor/Officer(s) of Corporation  Date				
Signature of Owner/Contractor/Officer(s) of Corporation  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				
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  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  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				
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				
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.				

Gwen a	Dakes	## / Date	7 2 - 17	
Plan Box #			earry Robin	502
App # 1 2 5 00129033	Valuation_	160, 155	SQ Feet_2	465
Inspections for SFD/SFA Crawl 105	Slab		Mono	
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final		Plumbing Under Ele. Under Slab Address Mono Slab Rough In Insulation Final	
>2500	>2500		>2500	
Foundation Survey	Envir. Health_	New Tank	Other	
Additions / Other		•••••••	•••••••••	•••••
Footing Foundation				
Slab Mono				
Open Floor				Ť.

Rough In\_\_\_

Insulation\_\_\_

Final\_\_\_\_