* 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 #	

section below to be filled out by		Applic	ation #	
ver performing work. Must be owner sed contractor. Address, company	Harnatt County C	antral Darmittina		
phone must match information on	Harnett County C	gton, NC 27546		,
	Phone 910-893-7525 Fax 91	0-893-2793 www.harr		.210
	ication for Residential		Date: 6-14-2012	~ 0.0
Owner's Name: Robert Thoma	- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Site Address: 133 Lockwood D	rive	Phone:	919-614-6652	$ \sim$
Directions to job site from Lilling	gton:			- 0
Take HWY 87 north to hwy 24	4. Go west on HWY 24 t	wo miles. Take a	a left on MArks Road.	
Asheford is on the left.				
Subdivision: Asheford			Lot: <u>91</u>	
Description of Proposed Work:	New Residental Const	ruction	_#Bedrooms:_4	- 20136 - 20136 - 201360
Heated SF 2422 Unheated		lec Room? NO	Crawl Space	() Slab ()
Robert Thomas Homes, LLC		919-614-6652		
Building Contractor's Company	Name	Telephone		
P.O. Box_1007 Garner 19C 2	7529	,	69522	
Address			License #	_
		Must sign & fill ou	t second page	
81gnature of Owner/Contractor/	Officer(s) of Corporation		. •	
Description of Work New Resi	<u>Electrical Pern</u>		Amps TPole: yes/no	
Allman Electric	dental Electronical	910-485-8617	ytinps in old. yearno	
Electrical Contractor's Compan	v Name	Telephone		_
345 Wilkes Rd. Fayetteville, N	•		06136 EL-U	
Address			License #	_
Sur Orlina				
Signature of Africer(s) of Corpo				
	Mechanical Per	mit Information		
Description of Work New Resi	dental HVAC			
Jones & Jones Heating and A		910-85		
Mechanical Contractor's Comp	•	Telepho		
5217 Marracco Drive Hope N	fills, NC 28348		11614 H2 &3	
Address 0 0			License #	
Custon V. Jones	ration			
Signature of Officer(s) of Corpo	Plumbing Pern	nit Information		
Description of Work New Resi			# Baths 2-1/2	
Vance Johnson Plumbing, Inc		910-42		
Plumbing Contractor's Compan		Telepho		
3442 Mid-Pine Road, Fayette			NC 7756-P1	
Address			License #	
Bell alpel				
Signature of Officer(s) of Corpo				
	Insulation Perm	it information		_
Tri-City Insulation, Inc.	Nama o Artiliara		910-486-885	5
Insulation Contractor's Compar	iy iname & Address		Telephone	

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? 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 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. 6-14-2012 Signature of Owner/Contractor/Officer(s) of Corporation Date					
Signature of Owner/Contractor/Officer(s) of Corporation Date					
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:					
X 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.					
\underline{X} 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: 6-14-2012