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

## Application # 12-500 29408

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

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## **Application for Residential Building and Trades Permit**

Owner's Name: Handy Jackson - Varadise Ho.	mes Date: 830 12
Site Address: 19 Tactical Dr. Bunnlevel, N	16. 1833 Phone: 910-401-5505
Directions to job site from Lillington: Hwy 210 5 Approx	14 m: loc on lect.
	14 miles on left.
Subdivision: Gwen Oaks	
Description of Proposed Work: New Construction	Lot: <u>3</u>
Heated SF: 3968 Unheated SF: 451 Finished Bonus Room?	# of Bedrooms: 4
General Contractor Informatio	NO Crawl Space: A Slab:
Gary Robinson Homes	910-977-2562
Building Contractor's Company Name	Telephone
55/1 Ramsey St, Suite 100, Fay, NC 283/1	gary robinson homes a yahoo . com
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	67530 unlimited
Electrical Contractor Information	License #
Description of Work New Construction Service Size:	200 Amps T-Pole: Ves No
Current Technologies	919-278-8894
Electrical Contractor's Company Name	Telephone
4008 Barrett Dr, Staro, Raleigh, NC 27609 Address	Email Address
7 duress	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor Inform	<u>mation</u>
Description of Work New Construction	
Custom Heating & air	919-820-7063
Mechanical Contractor's Company Name	Telephone
a76 Jernigon Rd, Dunn, NC	Email Address
Mula Stand	04508 H31
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information	
Description of Work New Construction	# Baths
Dell Haire Plumbing	910-429-9939
Plumbing Contractor's Company Name	Telephone
7612 Documentary Drive, Fay NC 28311	Email Address
Tall Haine	24 204 P-1
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Informati	<u>on</u>
	Talanhana
Insulation Contractor's Company Namé & Address `	Telephone

Homeowners Applying to Build Their Own H Please answer the following questions then see a Permit Technician to determine if you qualify for per Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo		ers Exemption. On request)
Do you own the land on which this building will be constructed?	Yes _	No
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 consecut 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?		No
I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the Building, Elect Mechanical codes, and the Harnett County Zoning Ordinance. I state the information contractors is correct as known to me and if any changes occur including listed conumber of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central Permany and all changes.  EXPIRED PERMIT FERS - 6 Months to 2 years permit re-issue fee is \$150.00. After the permit of Owner/Contractor/Officer(s) of Corporation	trical, Plumb nation on the ontractors, si ges or propos itting Depart	ing and e above ite plan, sed use ment of
Affidavit for Worker's Compensation N.C.G.S. 8 The undersigned applicant being the:	37-14	
General Contractor Owner Officer/Agent of the Cont	ractor or Ow	ner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporat set forth in the permit:	ion(s) perforr	ming the work
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.	ation insuran	ce to cover
Has one (1) or more subcontractors(s) who has their own policy of workers' covering themselves.	compensatio	on insurance
Has no more than two (2) employees and no subcontractors.		ŧ
While working on the project for which this permit is sought it is understood that the Department issuing the permit may require certificates of coverage of worker's come to issuance of the permit and at any time during the permitted work from any person carrying out the work.  Company or Name:   ARY DBINSON HOMES	pensation in	surance prior
1 ///	Date: 8/30	1

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