

09/09/11

Application #

1250029899

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

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

Application for Residential Building and Trades Permit

Owner's Name McKEE HOMES LLC. Date 12/11/12
Site Address Lot 31 Blackely Ct Phone 910-322-2016
Directions to job site from Lillington LEFT ON W. OLD ST.
LEFT ON NC 27 W
LEFT ON DOC'S RD
Subdivision LEFT ON EXECUTIVE WAY Lot _____
Description of Proposed Work SINGLE FAMILY RESIDENTIAL # of Bedrooms 4
Heated SF 3982 Unheated SF 547 Finished Bonus Room? yes Crawl Space NO Slab yes

General Contractor Information

GML DEVELOPMENT INC 910-322-2016
Building Contractor's Company Name Telephone
120 NANDINA CT. FAYETTEVILLE, NC 28311 GEOFF@MCKEEHOMESNC.COM
Address Email Address
63970
License #

Electrical Contractor Information

Description of Work SINGLE FAMILY RESIDENTIAL Service Size 200 Amps T-Pole Yes No
SANDY RIDGE ELECTRIC 910-323-2458
Electrical Contractor's Company Name Telephone
454 WHITEHEAD RD. FAYETTEVILLE, NC 28312 KEITH@SANDYRIDGEELECTRIC.COM
Address Email Address
160064
License #

Mechanical/HVAC Contractor Information

Description of Work SINGLE FAMILY RESIDENTIAL
CERTIFIED HEATING & A/C
Mechanical Contractor's Company Name Telephone 910-858-0000
P.O. BOX 1071 HOPE MILLS, NC 28348 CERTIFIEDHEATAIR@EMBARQ
Address Email Address MAIL.COM
20012 H3-1
License #

Plumbing Contractor Information

Description of Work SINGLE FAMILY RESIDENTIAL # Baths 4.5
DELL HAIRE PLUMBING 910-818-4863
Plumbing Contractor's Company Name Telephone
7612 DOCUMENTARY DR. FAYETTEVILLE, NC DELLHAIREPLUMBING@HOTMAIL.COM
Address 28306 Email Address
24204 PL
License #

Insulation Contractor Information

CUMBERLAND INSULATION 910-484-7118
Insulation Contractor's Company Name & Address Telephone

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

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 that by signing below I have obtained all subcontractors permission to obtain these permits 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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule

G. P. Potts
Signature of Owner/Contractor/Officer(s) of Corporation

12-11-12
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 GML DEVELOPMENT INC

Sign w/Title *G. P. Potts* Project Manager Date 12-11-12

Plan Box # C7

Date 10-11-12

Job Name McKee Homes

App # 29899

Valuation \$228,635

SQ Feet 3519

Inspections for SFD/SFA

Crawl _____

Slab _____

Mono

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey

Envir. Health

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____