

* 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 # 13 500 30353

Application for Residential Building and Trades Permit

Owner's Name: 210 Highway Development Date: 1/28/13
Site Address: 376 Tactical Dr., Bunnlevel, NC 28323 Phone: 910-401-5505
Directions to job site from Lillington: Hwy 210 South approx 14 miles on left.

Subdivision: Gwen Oaks Lot: 26
Description of Proposed Work: New Single Family # of Bedrooms: 3
Heated SF: 2494 Unheated SF: 403 Finished Bonus Room? yes Crawl Space: X Slab:

General Contractor Information

Gary Robinson Homes 910-977-2562
Building Contractor's Company Name Telephone
5511 Ramsey St, Suite 100, Fay, NC 28311 garyrobinsonhomes@yahoo.com
Address Email Address
Gary Robinson 67530 unlimited
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No
Current Technologies 919-278-8894
Electrical Contractor's Company Name Telephone
4008 Barrett Dr, Ste 202, Raleigh, NC 27609
Address
[Signature] Email Address
Signature of Owner/Contractor/Officer(s) of Corporation 239636
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
Custom Heating & Air 919-820-3079
Mechanical Contractor's Company Name Telephone
606 N Park Avenue, Dunn 28334
Address
[Signature] Email Address
Signature of Owner/Contractor/Officer(s) of Corporation 28699
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
Address
Dell Haire Email Address
Signature of Owner/Contractor/Officer(s) of Corporation 24204 P-1
License #

Insulation Contractor Information

TRicity Insulation 910 237-0457
Insulation Contractor's Company Name & Address Telephone

*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)

1. 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? Yes No

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.

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.


Signature of Owner/Contractor/Officer(s) of Corporation

1/28/13
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: GARY ROBINSON HOMES

Sign w/Title: Gary Robinson owner Date: 1/28/13

Gwen Oaks # 26

Plan Box #

B-9

Date

1-29-13

Job Name

Gary Robinson

App #

135 00 30353

Valuation

220,709

SQ Feet

3327

Inspections for SFD/SFA

Crawl

X

Slab

Mono

Footing

Foundation

Address

Open Floor

Rough In

Insulation

Final

Footing

Foundation

Address

Slab

Rough In

Insulation

Final

Plumbing Under Slab

Ele. Under Slab

Address

Mono Slab

Rough In

Insulation

Final

>2500

>2500

>2500

Foundation Survey

No

Envir. Health

New Tank

Other

Additions / Other

Footing

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final
