y whomever performing work.

Must be owner or licensed contractor. Address, company name & phone must match

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

1350030529

Application for Residential Building and Trades Permit

Owner's Name: 210 Highway Development Date: 2/18/13		
Site Address: 20 Honor Court, Burnlevel, ne 28323 Phone: 910-401-5505 Directions to job site from Lillington:		
Subdivision: GWen DAKS	Lot: 62	
Description of Proposed Work: New construction	# of Bedrooms: 3	
Heated SF: Unheated SF: Finished Bonus Room?	VCS Crawl Space: X Slab	
Gary Robinson Homes Building Contractor's Company Name	910-977-2562	
55/11 Ramsey St, Suite 100, Fay 1828311	Telephone Gary Tobinsonhomesayahoo.com Emdil address	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Informati	67530 unlimited	
Description of Work New Construction Service Size	DI Amps T-Pole: ✓ Yes No	
Electrical Contractor's Company Name	919-278-8894 Telephone	
4008 Borrett Dr. Stanz, Raleigh, N. 27609 Address	Email Address	
h	239634.	
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical/HVAC Contractor Infor	License #	
Description of Work New Construction	mauon	
Custom Heating + Cir Mechanical Contractor's Company Name	919-820-7063 Telephone	
606 N Park Cevenue Dienn No 28334		
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	28699	
Plumbing Contractor Information	License #	
Description of Work New Construction	# Baths	
Dell Haire Plumbing Plumbing Contractor's Company Name J	910-429-9939 Telephone	
7612 Documentary Drive, Fay NC 28311		
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	24 204 P-1 License #	
Insulation Contractor Informat		
Tri-City	* * * * * * * * * * * * * * * * * * * *	
Insulation Contractor's Company Namé & Address `	Telephone	

Homoownore Applicant D 11 LTL L		
Homeowners Applying to Build Their Own Hopers answer the following questions then see a Permit Technician to determine if you qualify for permit Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo and American Company).		
Do you own the land on which this building will be constructed?	YesNo	
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?	YesNo	
Do you intend to directly control & supervise construction activities?	YesNo	
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?		
secured the permit?	YesNo	
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 inform contractors is correct as known to me and if any changes occur including listed on number of bedrooms, building and trade plans, Environmental Health permit change 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. Aft is as per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation Date	rical, Plumbing and nation on the above ontractors, site plan, ges or proposed use itting Department 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 Contractor	ractor or Owner	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporatiset forth in the permit:		
Has three (3) or more employees and has obtained workers' compensation in	insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation.	ation insurance to cover	
Has one (1) or more subcontractors(s) who has their own policy of workers' covering themselves.	compensation insurance	
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 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.	pensation insurance prior	
Company or Name: CARY DOBINSON HOMES Sign w/Title: Jan WALL OWNER	Date: 2/18/13	