filled out ensed \$5. company & phone must match

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Application # ___

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

Application for Residential Building and Trades Permit

Site Address: 31.55 AM 210 5 B	
Site Address: 8655 Ne. 2105, Bunnlevel, NC: Directions to job site from Lillington: 14 miles South a	28333 Phone: 910-401-5505
Dully a	m Huy 210 on left.
Subdivision: Gwen Oaks	Lot. La c
Description of Proposed Work: 5 mg le Family Dew Co	Lot:
Heated SF: 2968 Unheated SF: 45 Finished Benus Room?	# of Bedrooms: 4
Gonoral Contract 1 5	X Crawl Space: X Slab:
Gary Robinson Homes	910-977-2562
Building Contractor's Company Name	Telephone
55/11 Ramsey St, Suite 100, Fay NC 283/1	•
Address	gary robinson homes a yahoo.con
Day with	67530 unlimited
Signature of Owner/Contractor/Officer(s) of Corporation	license #
Description of Work New Construction Service Size	ion
LUNTENT 12CHAN MICS	
miecinical Contractor's Company Name	919-278-8894 Telephone
4/008 Borrett Dr. Stanz, Raleigh, NC 27609	(°
Address	Email Address
	2396311
Signature of Owner Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor Information Description of Work New Construction	mation
Custom Heating & Chir	
Mechanical Contractor's Company Name	919-820-7063
Co Dlo N Park Cevenue Dun Ne 28334	Telephone
Address 28339	Email Address
Mails Show	286 99
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Informat	ion
Description of Work New Construction	# Baths
Dell Haire Plumbing	910-429-9939
real long Contractor's Company Name	Telephone
7612 Documentary Drive, Fay NC 28311	
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	24204 P-1
Insulation Contractor Informat	License # tion
50 200 to 200 August 2	
ios dation Contractor's Company Namé & Address	Felephone

Homeowners Applying to Build Their Own Homeowners Applying the Build T			
wer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Canaire 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	
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	
<u></u>	_ res	_No	
I hereby certify that I have the authority to make necessary application, that the applicant that the construction will conform to the regulations in the Building, Electrical Mechanical codes, and the Harnett County Zoning Ordinance. I state the informat contractors is correct as known to me and if any changes occur including listed continumber of bedrooms, building and trade plans, Environmental Health permit changes changes, I certify it is my responsibility to notify the Harnett County Central Permitting any and all changes. EXPIRED PERMIT FERS - 6 Months to 2 years permit re-issue fee is \$150.00. After is as per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation	al, Plumbing ion on the stactors, site or propose on Departm	g and above e plan, ed use ent of	
Affidavit for Worker's Compensation N.C.G.S. 87- The undersigned applicant being the:	14		
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 set forth in the permit:	(s) performi	ng the work	
Has three (3) or more employees and has obtained workers' compensation ins	urance to c	over them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation them.	n insurance	e to cover	
Has one (1) or more subcontractors(s) who has their own policy of workers' corcovering themselves.	npensation	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 C Department issuing the permit may require certificates of coverage of worker's competo issuance of the permit and at any time during the permitted work from any person, the carrying out the work.	nsation insufirm or corpo	urance prior oration	
Company or Name: CARY DOBINSON HOMES			
A 1 1/1/		4	