agor io oc imed out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

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

Owner's Name: Paradise Homes of Fayether: 1) Site Address: 3757 NC 2105 P	
Site Address: 8757 NC 2105 R	Date: 2/20/13
Site Address: 3757 NC 2105, Bunnlevel, A Directions to job site from Lillington: Gasaar III	20 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Directions to job site from Lillington: approx 14 miles	South on Hwx 210
may.	
Subdivision: Gwen Oaks	
Description of Proposed Work: Sun 1.0 15.	Lot: 104
Description of Proposed Work: Single family \new Cony Heated SF: 233 Upheated SF: 421	السمانير# of Bedrooms:
Finished Bonus Room?	Crawl Space: V Class
Gary Robinson Homes	<u> </u>
Building Contractor's Company Name	910 - 977 - 2562 Telephone
5511 Ramsey St, Suite 100, Fay NC 28311	•
Address 100,100,100,100,100	gary robinson homes a yahoo.com
Signature of Owner/Contractor/Officer(s) of Corporation	67530 unlimited
	License #
Service Size	: 200 Amps T-Pole; ✓ Yes No
Current Technologies Electrical Contractor's Company Name	919-278-8894
4/108 Promett D. St. 100 D. L. 1	Telephone
4/008 Barrett Dr. Starz, Raleigh, NC 27609	
- May /	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	239636 License #
Mechanical/HVAC Contractor Infor	mation
Description of Work New Construction	
Custom Heating + Cuir Mechanical Contractor's Company Name	919-820-7063
Collo N Park Cevenue Diem No 28334	Telephone
Address 28334	Email Address
Mails Should	28699
Signature of Owner/Contractor/Officer(s) of Corporation	license #
Description of Work New Construction	
	# Baths
Plumbing Contractor's Company Name	910-429-9939 Telephone
7612 Documentary Drive Fay NC 28311	receptione
Address	Email Address
Signature of Owner/Contractor/Office (AVIII)	24204 P-1
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Information	License #
Aconomic and the second	<u>1201</u>
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 Possible (Management).
(Memo available upon request)
Do you own the land on which this building will be constructed? YesNoNo
2. Have you hired or intend to hire an individual to superintend and
manage construction of the project? YesNo
165140
Do you intend to directly control & supervise construction activities? YesNoNoNoNoNoNoNoNoNoNoNo
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 <u>any</u> 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 FERS - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee smedule.
Signature of Owner/Contractor/Officer(s) of Corporation Date 2/ 20//3
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Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14
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