



Application # _____

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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Scot Tomlinson Date: 9/18/2020

Site Address: 846 Keith Hills Road Phone: _____

Subdivision: Keith Hills Lot: 42

Description of Proposed Work: Attached Garage with Room Total Job Cost: 200,000.00

General Contractor Information

Gary Robinson Homes, LLC
Building Contractor's Company Name

910-322-3127 Patsy-Remote

910-401-5505 office
Telephone

6200 Ramsey Street Suite 200
Address Fayetteville, NC 28311

patsy.grhomes@gmail.com
Email Address

67530
License #

HEATED SQ FT _____

GARAGE SQ FT _____

Electrical Contractor Information

Description of Work Attached garage Service Size: 200 Amps T-Pole: Yes No

Buford Electric, Inc
Electrical Contractor's Company Name

910-723-1937
Telephone

PO Box 64333, Fayetteville, NC 28306
Address

diane.bufordelectric@gmail.com
Email Address

314 24-U
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction Single Family

Certified Heating & Air
Mechanical Contractor's Company Name

910-858-0000
Telephone

PO Box 1071, Hope Mills, NC 28348
Address

chrin.certified@gmail.com
Email Address

14301-20012
License #

Plumbing Contractor Information

Description of Work New Construction/Single Fam # Baths 0

Dell Haise Plumbing
Plumbing Contractor's Company Name

910-429-9939
Telephone

PO Box 65048, Fayetteville, NC 28306
Address

dellhaisereplumbing@hotmail.com
Email Address

32886
License #

Insulation Contractor Information

Cumberland Insulation, Inc
Insulation Contractor's Company Name & Address

910-486-7118
Telephone

***NOTE: General Contractor / owner 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.

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

9/18/2020
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.

Sign w/Title: Patricia Quinn Office Manager Date: 9/18/2020