



Application # SFD 1907-0002

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

Application for Residential Building and Trades Permit

Owner's Name: Gary Robinson Homes, LLC Date: _____
Site Address: 115 Treasure Drive, Lillington, NC 27546 Phone: 910-401-5505
Subdivision: South Creek Lot: 14
Description of Proposed Work: Single Family New construction

General Contractor Information

Gary Robinson Homes, LLC 910-401-5505
Building Contractor's Company Name Telephone
6200 Ramsey St., Sut 200, Fayetteville, NC 28311 patsy.grhomes@gmail.com
Address Email Address
67530
License # _____

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No
Buford Electric, LLC 910-491-5490
Electrical Contractor's Company Name Telephone
P O Box 64333 2978 Gillespie St, Fayetteville, NC 28306 DBElectric210@yahoo.com
Address Email Address
31424-U
License # _____

Mechanical/HVAC Contractor Information

Description of Work New Construction
CERTIFIED Heating & Air 910-858-0000
Mechanical Contractor's Company Name Telephone
P.O. Box 1071 Hope Mills N.C. _____
Address 28348 Email Address
20012
License # _____

Plumbing Contractor Information

Description of Work New Construction # Baths 2.5
Dell Haire Plumbing, LLC 910-429-9939
Plumbing Contractor's Company Name Telephone
PO Box 65048 Southern Avenue, Fayetteville, NC 28306 dellhaireplumbing@hotmail.com
Address Email Address
32886
License # _____

Insulation Contractor Information

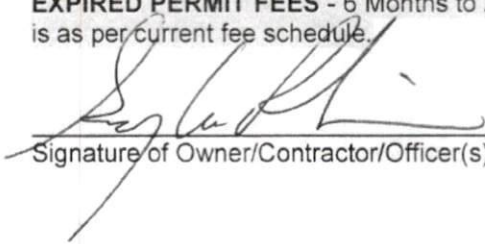
Cumberland Insulation Co., Inc 910-484-7118
Insulation Contractor's Company Name & Address Telephone

*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.



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

8/5/19

 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

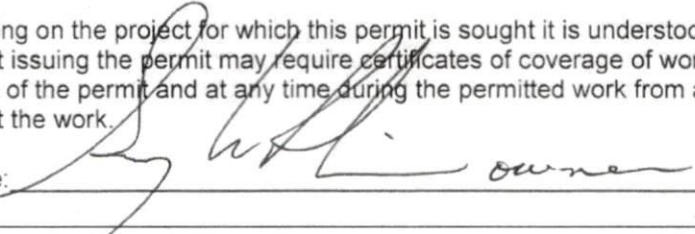
The undersigned applicant being the:

- 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:  owner _____ Date: 8/5/19