

Application #

* 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. 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: JJJB Investments, LLC | Date: 6/22/2020 |
|--|-------------------------------|
| Site Address: 55 Fisher Road, Lillington, NC 27546 | Phone: 910-401-5505 |
| Subdivision: South Creek | Lot: 35 |
| Description of Proposed Work: Single Family New construction | |
| General Contractor Informatio | n |
| Gary Robinson Homes, LLC | 910-322-3127 (Remote #) |
| 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: Buford Electric, LLC | 200 Amps T-Pole: Yes No |
| | 910-491-5490 |
| Electrical Contractor's Company Name | Telephone |
| P O Box 64333 2978 Gillespie St, Fayettevile, NC 28306 Address | DBElectric210@yahoocom |
| 31424-U | Email Address |
| License # | |
| Mechanical/HVAC Contractor Inform | mation |
| Description of Work New Construction | |
| Certified Heating and Air, LLC | 910-858-0000 |
| Mechanical Contractor's Company Name | Telephone |
| P O Box 1071, Hope Mills, NC | ehrin.certified@gmail.com |
| Address | Email Address |
| H3C1-20012 | Linali Address |
| License # | |
| Plumbing Contractor Information | on_ |
| Description of Work New Construction | # Baths ⁴ |
| Dell Harie Plumbing, LLC | 910-429-9939 |
| Plumbing Contractor's Company Name | Telephone |
| P O Box 65048 | dellhaireplumbing@hotmail.com |
| Address | Email Address |
| 32886 P-1 | |
| 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.

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| Patsy OQuinn Digitally signed by Patsy OQuinn Date: 2020.06.22 09:41:13 -04'00' 6/22/2020 | |
| Signature of Owner/Contractor/Officer(s) of Corporation 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: Patsy OQuinn Digitally signed by Patsy OQuinn Date: 2020.06.22 09:41:44 -04'00' Date: 6/22/2020 | |