



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: ABS Investments Date: _____
Site Address: 81 Hazelwood Road Phone: _____
Subdivision: South Creek Lot: L66
Description of Proposed Work: Single Family - New Construction Total Job Cost: \$ 216,694

General Contractor Information

Gary Robinson Homes, LLC Patsy Remote 910-322-3127
Building Contractor's Company Name Office - 910-401-5505
6200 Ramsey St, Suite 200, Fay, NC 28311 Telephone
Address Email Address patsy.grhomes@gmail.com

67530 Unlimited HEATED SQ FT _____ GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work Single Family - New Construction Service Size: 200 Amps T-Pole: X Yes ___ No
Bugord Electric 910-723-1937
Electrical Contractor's Company Name Telephone
PO Box 64333, Fayetteville, NC 28306 Email Address diane.bugordelectric@gmail.com
Address
314 24 U
License #

Mechanical/HVAC Contractor Information

Description of Work Single Family / New Construction
Certified Heating & Air 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071, Hope Mills, NC 28348 Email Address Ehrin.certified@gmail.com
Address
H3C1-20012
License #

Plumbing Contractor Information

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


Insulation Contractor Information

Cumberland Insulation, 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

11/30/2020
Date

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

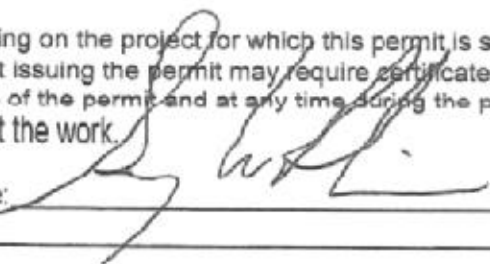
The undersigned applicant being the:

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: 

Date: 11/30/2020