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
ficense.

Application # 07-50018351

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Building and Trades Permit

Owners Name: Bill Clark Homes of Trystvill, UC Date: 12/21/07
Site Address: // Carelina Caki Ciade Chang Phone 912 42 1-2890
Directions to lob site from Lillington, 1995LUI E. Front St. toward 1º St. Turn los 4-4- 45 of -
Turn left on S. Main St. US-401/NC-210/NC-27. Continue to follow US-401.
Subdivision: Carolina OALS
Construction Type: (Please Check)  New Moved House
Renovation Addition Other Modular Multi-Family
Total Project Cost Description of Proposed Work: Single Janily Dwelling
Heated SF Unheated SF Finished Rec Pooms
Heated SF Finished Rec Room? Crawl Space ( ) Slab ( )  General Contractor Information Building Cost \$
Building Contractor's Company Name Telephone
Building Contractor's Company Name Telephone
400 Westwood Shopping Centre Ste, 220 Faxotteville, NC 28314 34592 BCD-U
V i la
Signature of Owner/Contractor/Officer(s) of Corporation
Description of Work ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Service Size: Amps #TPoles
Electrical Contractor's Company 145 8
1 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
License #
Signature of Officer(s) of Corporation
Mechanical Permit Information Mech Cost \$
Description of Work
- MADA AIR INC.
Mechanical Contractor's Company Name
S217-103 Racford Rd. Fayetteville NC 15874
Chandles July License #
Signature of Officer(s) of Corporation
Physician Perrett Information Plamb Cost \$
Description of Work
ANCE JOHNSON PLUMPTUL PLANTED
Telephone
Address 17756-P1
th-made Milk-to a die
Bionaulia of Officer(a) of Corporation
insulation Permit Information
-1 mosulation PDR-180 Has Min. No sacres
nsulation Contractor's Company Name & Address Telephone

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 Permits (Memo available upon request)		
Do you own the land on which this building will be constructed?yes no		
Have you hired or intend to hire an individual to superintend and manage construction of the project?		
3. Do you intend to directly control & supervise construction activities? yes no		
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be 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.		
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: Kimbely Coy New Home Coordinator Date: 12/2/107		

Plan Box Number F - 6

Job Name Bill Clark ...

Date: 12-31-07

Required Inspections for SFA/SFD

Appl. # 07-500 1835 |
Valuation 147810
Sq. Feet 2275

## Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999 <u>~</u>	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
	Three Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
40	R* Insulation
50	
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit