* 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 # 07-50018352

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

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

Application for Ruilding and Trades Barrett Application for Building and Trades Permit

Owner's Name: Bill Clark Homes of Fagetherille LLC Date: 12/21/07
Site Address: 97 Carolina Oak Ciale, LinderPhone: 910 426-2898
Directions to job site from Lillington: West on E. Front St. toward 1st St. Turn left onto 1st St. Turn right on E. Lofton St. Turn left on S. Main St. US-401/NC-210/NC-27. Continue to follow US-401.
Turn right onto Elliot Bridge Rd. Turn right on Will Lucas Rd. Subdivision is on right
Subdivision: Capolina Oaks Lot 45
Construction Type: (Please Check) ✓ New Moved House Residential Commercial
New Moved House Residential Commercial Renovation Addition Other Modular Multi-Family
Total Project Cost: Description of Proposed Work: Single Family Dwelling
Heated SF Finished Rec Room? Crawl Space () Slab ()
General Contractor Information Building Cost \$
Bill Clark Homes 910 426-2898
Building Contractor's Company Name Telephone
400 Westwood Shopping Center Ste, 220 Faxotteville, NC28314 34592 BCD-U
Address License #
Must sign second page & fill out third page Signature of Owned/Contractor/Officer(s) of Corporation
Description of Work Fig. Electrical Permit Information Elec Cost \$
A L A L A L A L A L A L A L A L A L A L
Electrical Contractor's Company Name Telephone
454 MHYTEHEAD RJ FAYETTENIUT N.C. 18312 10006.U
Address License #
Carring
Signature of Officer(s) of Corporation
Mechanical Permit Information Mech Cost \$
Description of Work# Units
MARK-AIR, INC. Mechanical Contractor's Company Name 910 - 484-6565 Telephone
Mechanical Contractor's Company Name 5217-103 Racford Rd. Fayetteville, NC 15874
Address 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Chandles Sikies
Signature of Officer(s) of Corporation
Plumbing Ferrett Information Plumb Cost \$
Description of Work# Bette
PANCE JOHNSON PLYMATNE 910-424-6712
Plumbing Contractor's Company Name Telaphone
Address 7756-P1
to and Althorde
Bighauline of Officer(s) of Corporation
insulation Permit Information
A-1 Answerlation P.O. Box 180 Hope Mills, NC 28348 910 429-2990
Insulation 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?yesno		
Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no		
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 done? 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?		
yesno		
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 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. Signature of Owner/Contractor/Difficer(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.		
Company or Name: Bill Clark Homes of Faxetherile, LC		
Sign w/Title: \ my lely Coes - New Home Coordinator Date: 12/21/07		

FG SLAB

Plan Box Number F 6

Job Name Bill Clack Horis

Date: 12-31-07

Required Inspections for SFA/SFD

Appl. # 07-500 18 355
Valuation 141 118
Sq. Feet 2172

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	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
40	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
50	R* Insulation
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