

* 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 # 07-50018488

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

Owner's Name: Bill Clark Homes Date: 10/1/2007

Site Address: 36 Tiger Tank Court Phone: 910-426-2898

Directions to job site from Lillington: 27 towards 87. Turn left on Tingen Road.
Turn Left into subdivision on Strike Eagle Drive. Right onto Tiger Tank Court. Lot is posted.

Subdivision: Patton's Point Lot: 104

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____

Heated SF 1894 Unheated SF 499 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 Suite 220. Fay NC 28314 34592 BLD-U

Address License #

Sherry D. Smith Must sign second page & fill out third page

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

Electrical Permit Information Elec Cost \$ _____

Description of Work _____ Service Size: _____ Amps #TPoles _____

Sandy Ridge Electric. Inc (910) 323-2458

Electrical Contractor's Company Name Telephone

454 Whitehead Rd Business Fayetteville, NC 28301 # 10006U

Address License #

Carl H. H...
Signature of Officer(s) of Corporation

Mechanical Permit Information Mech Cost \$ _____

Description of Work _____ # Units _____

Mark Air 423-6565

Mechanical Contractor's Company Name Telephone

5217 Raeford Road Suite 103 Fayetteville NC 28304 15874-H2-H3

Address License #

Mark D. Ed...
Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ _____

Description of Work _____ # Baths _____

Vance Johnson Plumbing (910) 424-6712

Plumbing Contractor's Company Name Telephone

3242 Mid Pine Drive, Fayetteville NC 28306 7756P1

Address License #

James E. T...
Signature of Officer(s) of Corporation

Insulation Permit Information

A-1 Insulation P.O.Box 180 Hope Mills NC 28348 910-429-2990

Insulation Contractor's Company Name & Address Telephone

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

The undersigned applicant for Building Permit # _____ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not 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.

Firm Name: Bill Clark Homes

Sign/Title: Sherry D. Smith Construction Coordinator

Date: 10/1/2007