

* 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 # 0750018901

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: _____

Site Address: 236 Fifty Caliber Dr. - Broadway 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. Turn left onto Bunkerbuster Ct, Right onto Fifty Caliber Drive. Lot is posted on left side of road

Subdivision: Pattons Point Lot: 39

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

Total Project Cost: 108,500⁰⁰ Description of Proposed Work: New Single Family Dwelling

Heated SF 1813 Unheated SF 444 Finished Rec Room? Yes Crawl Space () Slab (X)

Bill Clark Homes Building Contractor's Company Name Telephone 910 426-2898

400 Westwood Shopping Center Suite 220 Fayetteville, NC 28314 Address License # 34592 BLD-U

Kindley Coy Signature of Owner/Contractor/Officer(s) of Corporation Must sign second page & fill out third page

Electrical Permit Information

Description of Work: RETRICAL Electrical Cost \$ _____

TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps

SANDY BROS INC Electrical Contractor's Company Name Telephone 910-333-2458

454 WINTERBROOK RD. W. NC. 28312 Address License # 10001-U

[Signature] Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work: Install HVAC Mechanical Cost \$ _____

Number of Units _____ Type System Heat Pump Mechanical Cost \$ _____

GLOBAL AIR Heating and Air Conditioning, LLC Mechanical Contractor's Company Name Telephone 910-484-6565

5217-103 Rafter Rd. Fayetteville, NC 28304 Address License # 15874

[Signature] Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ _____

Description of Work _____ # Baths _____

VANCE JOHNSON PLUMBING Plumbing Contractor's Company Name Telephone 910-424-6712

3242 MED PINE DRIVE Address License # 7756-P1

[Signature] Signature of Officer(s) of Corporation

Insulation Permit Information

Residential () Other () Not Required ()
A-2 INSULATION # 176

PO Box 180 Hope Mills N.C. Insulation Contractor's Company Name Address Telephone 910 429-2990

Commercial Jobs must fill out this portion
Sprinkler System Information

Sprinkler Contractor's Company Name _____ Contact & Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Fire Alarm System Information

Fire Alarm Contractor's Company Name _____ Contact & Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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)

1. Do you own the land on which this building will be constructed? ___ yes ___ no
2. 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? ___ yes ___ no

Sign & date _____

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, 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.

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

11-14-07
Date

**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: Kimberly Coy - Admin. Assistant

Date: 11-14-07

Plan Box Number B3

Job Name Bill Clark Homes

Date: 11-19-07

Required Inspections for SFA/SFD

Appl. # 07-50018901

Valuation \$145,081

Sq. Feet 2233

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999		Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit