\* Each section below to be filled out by whomever performing work. Must be owner or ficensed contractor. Address, company name & phone must match information on licensa.

Application #
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## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org Application for Residential Building and Trades Pr

Owner's Name: Bill Clark Homes of Fayettevi	Date:
Site Address:	Phone (910) 426-2898
Directions to job site from Lillington:	
Rt.27 towards Rt.87. Turn left on Tingen Road. T	urn left into Subdivision on Strike Eagle Drive.
Subdivision: Pattons Point	Lot:
Description of Proposed Work: Single Jamily	Duelling #Bedrooms:
Heated SF Finished Re	Crewi Space ( \ Sigh / \
Bill Clark Homes of Faratteville, LLC	(910) 426-2898 Telephone
400 Westward Shopping Center Smite 220 Fax. Address	ettevilly NK 28314 34592-BLD-U
Signature of Owker/Contractor/Officer(s) of Corporation	Must sign & fill out second page
Description of Work <u>Electrical Permi</u>	Size:Amps TPole: yes/no
Sandy Ridge Electric Anc. Electrical Contractor's Company Name	(916) 323-2458 Telephone
454 White Acad Pd Jaxetteville, NC Address Little	28312 <u>loo66-U</u> License #
Signature of Officer(s) of Corporation	
Mechanical Perm	it Information
Description of Work	
Mechanical Contractor's Company Name	910 484-6565
5217-103 Raeford Rd. Fayott	Telephone 15074
Address Chandles Sikins	License #
Signature of Officer(s) of Corporation	
Plumbing Permit	Information
Description of Work	# Baths
PANCE JOHNSON PLUMBENG	919-424-6712
Plumbing Contractor's Company Name	Telephone
242 MID PINE OR FAYNC 28	306 7756-PI
Address Hans	License #
Signature of Officer(s) of Corporation	
U Insulation Permit I	
A-1 Angulation P.O. Box 190 Nopethits, Insulation Contractor's Company Name & Address	VC 28348 (910) 429-2990 Telephone

Application	#

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		
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		
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/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.		
Company or Name: Bill Clask Hones of Fayetteville, LLC Sign writte: Kinhaly Coy-New Home Coordinator Date: 3/11/08		

Plan Box Number 6-3

Job Name BILL CLARK

Date: 3 - 12-08

Required Inspections for SFA/SFD

Appl. # 08500 19641 Valuation \$116,364 Sq. Feet 1791

## Sequence

10	D+ D11
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
	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	
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
50	One Trade Final
999	One Trade Final > 2500
779	Envir. Operations Permit
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