\* 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.

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 Permit

The state of the s
Owner's Name: Bill Clark Homes of Fayetheville, LC Date: 5/28/08
Site Address: 157 Caroline Oaks Crole Phone (910) 426-2898
Directions to job site from Lillington: West on E. Front Street towed 1st St. Turn left onto I at St
Two Rt. onto E. Loston St. Two left on S. Maist. US 401   NC 210   NC 27, Follow 401
Two Right on Elliot Bridge Rd. Two Rt. on Will Lycar Rd. Sybdision on Right
Subdivision: Carolina Oaks Lot: 48
Description of Proposed Work: Siggle Family Dwelling #Bedrooms: 3
Heated SF 1672 Unheated SF 550 Finished Rec Room? 402 Crawl Space () Slab
General Contractor Information
Bill Clark Homer of Faxetteville LLC (910) 426-2898
Building Contractor's Company Name Telephone
400 Westwood Shopping Center Smite 220 Faxettevill, NK 28314 34592-BLD-U Address License #
Signature of Owner Contractor/Officer(s) of Corporation  Must sign & fill out second page
Electrical Permit Information
Description of Work New How Service Size: 200 Amps TPole Vestoo
Sandy Ridge Electeric, Fr.c. (910) 323-2458 Electrical Confractor's Company Name Telephone
454 Whitehead Pd. FaxettevilleNC 28312 10006-U
Address License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work New Home
Mechanical Contractor's Company Name (910) 484-6565
Olophono
5217-103 Kaeford Rd. Faxetheville, NC28304 15874 License #
Chandler Sikes
Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work New Home # Baths Z
Plumbing Contractor's Company Name  Plumbing Contractor's Company Name  Telephone
76 1/4
Address 10
License #
Signature of Officer(s) of Corporation
Insulation Permit Information
1-1 Ansulation P.O.Box 180 Noorthits, NC 28348 (910) 429-2990  Insulation Contractor's Company Name & Address  Telephone
Telephone

Application #	<u> </u>
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		
Do you intend to schedule, contract, or directly pay for all phases of construction work to beyes 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/Offleet(s) of Corporation  Date		
Signature of Owner/Contractor/Offleer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner 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 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) and has obtained workers' compensation insurance to cover		
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		
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.		
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		

## HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES WATER USER'S AGREEMENT

## Form Must be Completed in Full Before Service is Made Available. ID is Required.

**Penosits shown apply for customers with approved credit only:  Fees Due: Deposit, Owner, Swere \$25  Date Service Requested: Deposit, Owner, Swere \$35  Deposit, Rental, Water \$50  Deposit, Rental, Stewer \$50  Meter Fee: \$70  This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:  **Please Print: Subdivision Could Could Lock Goods Lock Lot # 18 Permit # (if applicable) 20/80  Service Address: 157 Cocal Deposit Deposit Rental Swere service connections at the following location:  **Please Print: Subdivision Could Deposit Rental Rental Print # (if applicable) 20/80  Service Address: 157 Cocal Deposit Deposit Rental Rental Print # (if applicable) 20/80  Service Address: 157 Cocal Deposit Rental	<del></del>	
Date Service Requested:  Deposit, Owner, Events S25 Deposit, Owner, Water \$25 Deposit, Owner, Swert \$25 Deposit, Rental, Water \$50 Deposit, Rental, Water \$50 Meter Fee: \$70  This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:  Please Print:  Subdivision Cooks Cooks Cooks Cooks Landlord:  Applicant's Name:  Deposit, Rental, Sewer \$50 Meter Fee: \$70  Meter Fee: \$70  This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:  Please Print:  Subdivision Cooks Cooks Cooks Cooks Cooks Landlord:  Applicant's Name:  Deposit, Rental, Water \$50 Meter Fee: \$70  Meter Fee: \$70  Lot # #8 Permit # (if applicable) 20/10  Service Address:  Lot # #8 Permit # (if applicable) 20/10  Service Address:  Lot # #8 Permit # (if applicable) 20/10  State: NC Zip: 283/4  Home Phone Number: 9/0 466-2878  Contact Phone Number: 9/0 426-2878  Employer's Social Security #:  Destromer's Social Security #:  Destromer's Social Security #:  Destromer's Drivers License #:  Birthdate:  Destromer #:  Co-Applicant's Employer and Phone #:  Antime of Nearest Relative:  Phone #:  Attime of Nearest Re	F-30-00	*Deposits shown apply for customers with approved credit only!
Date Service Requested: Deposit, Rental, Water \$50 Deposit, Rental, Sewer \$30 Meter Fee: \$70 Deposit, Rental, Sewer \$30 Meter Fee: \$70 This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:  Please Print: Subdivision Cecoline Oaks Circle Lond # 48 Permit # (if applicable) 20/10 Service Address:  157 Cecoline Oaks Circle Landlord: Applicant's Name:  211 Clerk Hornes  Mailing Address: Mailing Address:  Mailing Address:  Destormer's Social Security #:  Contact Phone Number: 910-426-2878  Contact Phone Number: 98-426-2878  Previous Address:  Destormer's Social Security #:  Contact Phone Number: 98-426-2878  Distribute:  Birthdate:  Birthdate:  Birthdate:  Employer:  Birthdate:  Employer's Address  Employer's Phone #:  Auting Address:  1, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to take all payments on time when due as stated on the WATEN/SEWER Bill, the department has the right to disconnect my services without further otice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 recouncet fee. Any feets responsible for a monthly bill regardless of whether water and/or sewer is being assed, until the property is door or rented. By signing this application, you are agreeing that you are at least 18 years of age.  Date To Turn Off:  Date To Turn Off:	Today's Date: 57-29-08	Fees Due: Deposit, Owner, Water \$25 Connection Fee,
Deposit, Rental, Sewer \$50 Meter Fee: \$70  This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:  Please Print: Subdivision Ceclina Dakes Lot # 4/8 Permit # (if applicable) 20/60  Service Address: 157 Cecalina Dakes Circle Landlord:  Applicant's Name: Bill Clark Henry  Co-Applicant's Name: Mailing Address: 400 Westwood Shepping Carlos Six 220  Town: Fagetherille State: NC Zip: 283/9  Home Phone Number: 9/0-486-2898 Contact Phone Number: 760-426-2898  Contact Phone Number: 760-426-2898  Contact Phone Number: 9/0-486-2898  Contact Phone Number: 9/0-486-2898  Contact Phone Number: 9/0-486-2898  Contact Phone Number: 9/0-426-2898  Contact Phone Number: 9/0-426-2898  Contact Phone Number: 9/0-426-2898  Employer's Privers License #: Birthdate:  Birthdate:  Employer's Phone #:  Samp of Nearest Relative: Phone #:  Name of Nearest Relative: Phone #:  Astiling Address: Phone #:  Same of Nearest Relative: Phone #:  Astiling Address: P	Data Sarvica Baquesta 4:	Deposit, Owner, Sewer \$25 all accounts: \$15
This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:  Please Print:  Subdivision  Cooling Only  Lot # 48 Permit # (if applicable)  Permit # (if applicable)  Reprint # (if applicable)  Permit # (if applicable)  Reprint # (if applicable)  Rep	Date Service Requested:	
Please Print: Subdivision Cools		Deposit, Rental, Sewer \$50 Meter Fee: \$70
Service Address: 157 Coralina Oaks Gode Landlord:  Applicant's Name: 2: 11 Clark Homes  Co-Applicant's Name: Mailing Address: 400 Westwood Shapping Coules Site 220  Town: Foretherith State: NC 7ip. 28314  Home Phone Number: 910 46 2878 Contact Phone Number: 7to 426 2078  Previous Address: Co-App's Social Security #: Co-App's Social Security #: Co-App's Social Security #: Co-App's Drivers License #: Birthdate:  Employer: Birthdate: Birthdate: Employer Address Employer: Address Employer: Address Employer and Phone #: Name of Nearest Relative: Phone #: Analing Address:  I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to to take all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further oction to collect on an account will be responsibility of the customer. Any FINAL Bill. Swith a credit balance of less than \$1.00 will not be finded. Property owners will be responsibility of the customer. Any FINAL Bill. Swith a credit balance of less than \$1.00 will not be hold or rented. By signing this application, you are agreeing that you are at least 18 years of age.  Soutomer Signature: 2	This agreement is to request Harnett County Department of F and Regulations, to provide water and/or sewer service connections.	Public Utilities through normal procedures and in accordance with the District's Rules ections at the following location:
Applicant's Name:   It was not been been been been been been been bee	Please Print: Subdivision Caroline Oaks	Lot # 48 Permit # (if applicable) 20/80
Applicant's Name: 2:   Clerk Horney  Co-Applicant's Name: Mailing Address: 400 Westwood Shepp: Cortex Six 220  Town: Forettevill State: WC Zip: 28314  Home Phone Number: 910-426-2878 Contact Phone Number: 70-426-2878  Previous Address: Co-App's Social Security #: Co-App's Social Security #: Co-App's Drivers License #: Birthdate: Birthdate: Birthdate: Employer: Birthdate: Employer: Birthdate: Employer: Birthdate: Employer and Phone #: Name of Nearest Relative: Phone #: Adding Address: Phone #: Phone #: Adding Address: Phone #: Ph	Service Address: 157 Corolina Oaks	Cicle Landlord:
Mailing Address: 400 Westwood Shopp: Contex Six 220  Town: Forgettexille State: WC Zip: 28314  Home Phone Number: 910-486-2878 Contact Phone Number: 910-426-2878  Previous Address:  Customer's Social Security #: Co-App's Social Security #:  Customer's Drivers License #: Birthdate:  Co-App's Phone #:  Co-Applicant's Employer and Phone #:  Name of Nearest Relative: Phone #:  I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to take all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further otice. In order for service to be restored, I will be responsible for a monthly bill regardless of whether water and/or service without further otice. In order for service to be restored, I will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is old or rented. By signing this application, you are agreeing that you are at least 18 years of age.  Customer Signature: Cash: Check: Account #: CID: LID: \$7000.  Date To Turn Off:		
State: NC   Zip: 283/4	Co-Applicant's Name:	
State: NC   Zip: 283/4	Mailing Address: 400 Westwood Shops	eing Center Site 220
Previous Address:  Customer's Social Security #:  Customer's Drivers License #:  Birthdate:  Birthdate:  Co-App's Drivers License #:  Birthdate:  Employer's Phone #:  Co-Applicant's Employer and Phone #:  Name of Nearest Relative:  I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to take all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further otice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court ction to collect on an account will be responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be funded. Property owners will be responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be funded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is old or rented. By signing this application, you are agreeing that you are at least 18 years of age.  Customer Signature:  Date To Turn Off:  Date To Turn Off:	Town: Fayetterille	State: NCZip: 283/9
Customer's Social Security #:	Home Phone Number: 9/0-486-2898	Contact Phone Number: 910 - 426 - 2998
Co-App's Social Security #:  Co-App's Drivers License #:  Birthdate:  Birthdate:  Employer:  Birthdate:  Employer's Address  Employer's Phone #:  Co-Applicant's Employer and Phone #:  Name of Nearest Relative:  I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to nake all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further otice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court citon to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be affunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is beling used, until the property is old or rented. By signing this application, you are agreeing that you are at least 18 years of age.  Customer Signature:  Date To Turn Off:  Date To Turn Off:	Previous Address:	
Employer's Address	Customer's Social Security #:	Co-App's Social Security #:
Employer's AddressEmployer and Phone #:	Customer's Drivers License #:	Birthdate:
Employer's Address	Co-App's Drivers License #:	Birthdate:
Name of Nearest Relative:    Phone #:	Employer:	
Name of Nearest Relative:	Employer's Address	Employer's Phone #:
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I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to nake all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further otice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court ction to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be chunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is old or rented. By signing this application, you are agreeing that you are at least 18 years of age.  Customer Signature:  Cash:  Check:  Account #: CID:  LID:  172002  LID:  172003  LCCOUNT # Transferred From:  Date To Turn Off:	Name of Nearest Relative:	Phone #:
and all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further otice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court ction to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be efunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is old or rented. By signing this application, you are agreeing that you are at least 18 years of age.  Customer Signature:  Cash:  Check:  Account #: CID:  LID:  Table  Cash:  Date To Turn Off:  Date To Turn Off:	Mailing Address:	
.ccount # Transferred From:Date To Turn Off:	otice. In order for service to be restored, I will be required to ction to collect on an account will be the responsibility of the funded. Property owners will be responsible for a monthlold or rented. By signing this application, you are agreeing to	USEWER bill, the department has the right to disconnect my services without further pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be ly bill regardless of whether water and/or sewer is being used, until the property is that you are at least 18 years of age.
ccount # Transferred From:Date To Turn Off:	Customer Signature:	2
ccount # Transferred From:Date To Turn Off:	mount Paid:Cash:	Check: Account #: CID: LID: 87262
	.ccount # Transferred From:	Date To Turn Off:

Plan Box Number < - 3

Job Name BILL: CLARK

Date: 5-3/- 8

Required Inspections for SFA/SFD

Appl. # <u>0850020/80</u> Valuation <u>\$144,626</u> Sq. Feet <u>2263</u>

## Sequence