

\* 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 # 0850020180

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**

Owner's Name: Bill Clark Homes of Fayetteville, LLC Date: 5/28/08

Site Address: 157 Caroline Oaks Circle Phone: (910) 426-2898

Directions to job site from Lillington: West on E. Front Street toward 2<sup>nd</sup> St. Turn left onto 2<sup>nd</sup> St. Turn Rt. onto E. Lofton St. Turn left on S. Main St. US 401/NC 210/NC 27. Follow 401 Turn Right on Elliot Bridge Rd. Turn Rt. on Will Lucas Rd. Subdivision on Right

Subdivision: Caroline Oaks Lot: 48

Description of Proposed Work: Single Family Dwelling #Bedrooms: 3

Heated SF 1672 Unheated SF 550 Finished Rec Room? yes Crawl Space ( ) Slab

**General Contractor Information**

Bill Clark Homes of Fayetteville, LLC (910) 426-2898  
Building Contractor's Company Name Telephone

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

[Signature] Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work New Home Service Size: 200 Amps TPole  yes  no

Sandy Ridge Electric, Inc. (910) 323-2458  
Electrical Contractor's Company Name Telephone

454 Whitehead Rd. Fayetteville, NC 28312 10006-U  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work New Home

Mark-Air, Inc. (910) 484-6565  
Mechanical Contractor's Company Name Telephone

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

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New Home # Baths 2

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

3242 MID PINE DR FAY NC. 28306 7756-PI  
Address License #

[Signature]  
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

**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

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 5/28/08

**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 Fayetteville, LLC

Sign w/Title: [Signature] - MANAGER    Date: 5/28/08

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES  
WATER USER'S AGREEMENT

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

Today's Date: <u>5-29-08</u>	<b>*Deposits shown apply for customers with approved credit only!</b>	
Date Service Requested: _____	Fees Due: Deposit, Owner, Water \$25	Connection Fee, all accounts: \$15
	Deposit, Owner, Sewer \$25	
	Deposit, Rental, Water \$50	
	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 Coraline Oaks Lot # 48 Permit # (if applicable) 20180  
Service Address: 157 Coraline Oaks Circle Landlord: \_\_\_\_\_  
Applicant's Name: Bill Clark Homes  
Co-Applicant's Name: \_\_\_\_\_  
Mailing Address: 400 Westwood Shopping Center Suite 220  
Town: Fayetteville State: NC Zip: 28314  
Home Phone Number: 910-426-2898 Contact Phone Number: 910-426-2898  
Previous Address: \_\_\_\_\_

Customer's Social Security #: _____	Co-App's Social Security #: _____
Customer's Drivers License #: _____	Birthdate: _____
Co-App's Drivers License #: _____	Birthdate: _____

Employer: \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_  
Co-Applicant's Employer and Phone #: \_\_\_\_\_  
Name of Nearest Relative: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing 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 make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further notice. 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 action 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 refunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature: [Signature]

Amount Paid: _____	Cash: _____	Check: _____	Account #: _____	CID: _____	LID: <u>87262</u>
Account # Transferred From: _____	Date To Turn Off: _____				
Address of Transferred Account: _____	Turn On: _____	Read Only: _____	Install: _____		

Plan Box Number C-3

Job Name BILL CLARK

Date: 5-31-08

Required Inspections for SFA/SFD

Appl. # 0850020/80

Valuation \$144,626

Sq. Feet 2263

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input type="checkbox"/>	Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R* Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40	<input type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60	<input type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit