* 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 #_				
	App	lica	ation	#

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: Rill Clark Hames of Janetteville, Site Address: /2 Directions to job site from Lillington: · Rt.27 towards Rt.87. Turn left on Tingen Road. Turn left into Subdivision on Strike Eagle Drive. Subdivision: Lot: Description of Proposed Work: #Bedrooms: Heated SF /890 Unheated SF 500 Finished Rec Room? Crawl Space () Slab M General Contractor Information **Building Contractor's Company Name** Telephone 400 Westwood Shopping Center Swite 220 Faxettevil Address 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 (910) 323-245 Electrical Contractor's Company Name Telephone 454 Whitehead Haxetheville, NC 28312 10006-1 Address Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work Mechanical Contractor's Company Name Telephone 5217-103 Address Signature of Officer(s) of Corporation **Plumbing Permit Information** Description of Work Plumbing Contractor's Company Name Telephone PINE UP Address Signature of Officer(s) of Opporation **Insulation Permit Information** 418 Person St. Fayetteville NC Name & Address 28301 IRICity Insolution <u>(910)</u> 486 -8853-Telephone insulation'Contractor's Company Name & Address

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?yesno			
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 More 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 Homes of Tayetteville.			

Application #_

Plan Box Number E-6

Job Name BILL CLARKE Homes

Date: 9-16-08

Required Inspections for SFA/SFD

Appl. # 0850020938 Valuation # 155,413 Sq. Feet 2392

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bidg. 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
10	These 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	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
	operations i citint