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

Harnett County Central Permitting

PO Box 65 Lillington, NC 27548 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 Fretheville, Luc Site Address: 187 Strike Eagle Drive 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: Yathon Description of Proposed Work: _Single Lot: #Bedrooms:_ Finished Rec Room? Unheated SF Crawi Space () Slab General Contractor Information Bullding Contractor's Company Name Telephone 400 Westwood Shopping Center Swite 220 Faxet-teville Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page Electrical Permit Information Description of Work _ Service Size: 200 Amps TPole (yes)no Electrical Confractor's Company Name Telephone 454 Whitehead FaxeHevilleNC 28312 Address Signature of Officer(s) of Corporation **Mechanical Permit Information** Mechanical Contractor's Company Name Telephone Address Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work # Baths JOHNSON PLLIMBING 910-42 Plumbing Contractor's Company Name Telephone INE DR Address Signature of Officer(s) of Corporation Insulation Permit Information TRI City Insulation 4/18 Person Sinsulation Contractor's Company Name & Address 418 Person St. Fayetterille, NC

(910) 486-8855

Application #	

Homeowners Applying to Build Their Own Home		
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		
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 3/10/0 9 Date		
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:		
The undersigned applicant being the:		
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		
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:		
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		
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. Yes one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance		
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. X 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.		
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. X 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		

Plan Box Number 6-8

Job Name BILL CLACK"

Date: 3-16-09

Required Inspections for SFA/SFD

Appl. # 09 500 21735
Valuation # 131,112
Sq. Feet 2018

Sequence

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