* 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 #

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.

Owner's Name: R: 11 Clock 1) Application for Residential Building and Trades Permit
Owner's Name: Bill Clark Homes of Favetheville, UC Date: 3/10/09
_ Site Address: 207 Strike Eagle Dove Date: 3/10/09
Site Address: 207 Strike Eagle Drive Phone (910) 426-2898 Directions to job site from Lillington:
Rt.27 towards Rt 87 Turn left an Til
Rt.27 towards Rt.87. Turn left on Tingen Road. Turn left into Subdivision on Strike Eagle Drive.
Subdit to Dall
beautiplied of Proposed Work: Single Tourist D. III.
Finished Rec Room? A/O
1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (
Building Contractor's Company Name (910) 426-2898 Telephone
Address Shopping Center Smite 220 Faxetteville, NC28314 34592-BLD-
License #
Signature of Own Contractor/Officer(s) of Corporation Must sign & fill out second page
Description of Work Electrical Permit Information
Service Size: 200 Amps TPole: Ves/ho
Electrical Contractor's Company Name (910) 323-2458
454 Whitehead Rd Faxetteville NC 28312 10006-U
Address 10006-U
License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work New HVAC
Mechanical Contractor's Company Name (910) 484-6565
Mechanical Contractor's Company Name (910) 484-6565 Telephone
5217-103 Raeford Rd. Fayetheville, NC28364 15874
Chandles like
Signature of Officer(s) of Corporation
Plumbing Permit Information
rescription of Work New Plan L
ANCE JOHNSON PLUMBER OF BATHS 2
Dunbing Contractor's Company Name Telephone
TOL MID PINE DP FAILAGE AGOST
ddress 7756-P/
Chatter of Own
gnature of Officer(s) of Corporation
RICity Insulation 418 Person St. Facetherille N. (910) 486 - 920-
Suration Contractor's Company Name & Address
2830; 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 (Merno available upon request)			
1. 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?			
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:			
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 Hones of Fagetheville, LLC			
on party of the same of the sa			

Plan Box Number 6-8

Job Name BILL CLARK

Date: 3-16-69

Required Inspections for SFA/SFD

Appl. # 0950021736 Valuation \$ 116,299 Sq. Feet 1790

Sequence

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