

* 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 # 22021

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: 4/23/09

Site Address: 177 Carolina Oaks Circle Phone: (910) 426-2898

Directions to job site from Lillington:
West on E. Front St. toward 1st St. Turn left onto 1st St. Turn right on E. Lofton St.
Turn left on S. Main St. US-401/NC-210/NC-27. Continue to follow US-401.
Turn right onto Elliot Bridge Rd. Turn right on Will Lucas Rd. Subdivision is on right

Subdivision: Carolina Oaks Lot: 49

Description of Proposed Work: Single Family Dwelling #Bedrooms: 4

Heated SF 1717 Unheated SF 548 Finished Rec Room? NONE 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 #

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

Electrical Permit Information

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

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

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

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New HVAC system

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

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

Chandler Sikas
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Plumbing system # Baths 2

VANCE 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]
Signature of Owner/Contractor/Officer(s) of Corporation

4/23/09
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 Homes of Fayetteville, LLC

Sign w/Title: Kimberly Coy - New Home Coordinator Date: _____

SLAB

PLAN BOX NUMBER I-3

JOB NAME CAROLINA OAKS

DATE 5-4-09

REQUIRED INSPECTIONS FOR SFA/SFD

APPL. # 0950022021

VALUATION \$ 147,160

SQ. FEET 2265

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* BLDG. 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

40

THREE TRADE ROUGH IN

40

THREE TRADE ROUGH IN > 2500

40

TWO TRADE ROUGH IN

40

TWO TRADE ROUGH IN > 2500

40

ONE TRADE ROUGH

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 TINAL > 2500

60

TWO TRADE FINAL

60

TWO TRADE FINAL > 2500

60

ONE TRADE FINAL

60

ONE TRADE FINAL > 2500

999

ENVIRO. OPERATIONS PERMIT