Application #	\mathcal{A}	Ò	X.	C	1	(

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: Kill Llagk Homes of January 1/10
Site Address: 210 Strike Earle Drive Phone (910) 426-2898
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: Pattons Point Lot: 99
Description of Proposed Work: Single Town D. III
Treated SF 340 Finished Rec Room? NO Crowd Sand State of
Qeneral Contractor Information
Bill Clark Homes of Foresteville, LLC (910) 426-2898 Building Contractor's Company Name Telephone
400 Westwood Shopping Center Smite 220 Faxetteville NK28314 34592-BLD-U
Address License #
Signature of Own Contractor/Officer(s) of Corporation Must sign & fill out second page
Service Circuit Service Circuit
Electrical Contractor's Company Name Telephone
454 Whitehead Rd Favetherland 18212
Address License #
Signature of Officer(s) of Corporation
Mechanical Pormit Intermedian
Description of Work New Heating & Air Conditioning
Mechanical Contractor's Company Name
5217-103 Raeford Rd Family 150000 150000
Address License #
CANANGAIN LIVEM
Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work New Plubing Senice # Baths 2
NHINCE JOHNSON PHIMBERIA QUA HOLL CALL
Plumbing Contractor's Company Name Telephone
3242 MID PINE DR FAYNC 28306 7756-P1
License #
Signature of Officer(s) of Coloration
TRI City Insulation 418 Person St. Foretteville NV (910) 486-805-
TRI City Insulation 4/18 Person St. Fayetterille NC (910) 486-8855 Insulation Contractor's Company Name & Address 28301 Telephone
CD301 Golden

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					
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?					
yesno					
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 anv 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. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.					
Signature of Owner/Contractor/Officer(s) of Corporation Date: Date:					
Old Tame of Carlot account models of Corporation					
Affidavit for Worker's Compensation N.C.G.S. 87-14					
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:					
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					
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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					
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SLAB SARAGE

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Plan Bo	x Number		

Job Name PATTONS POINT

Date: 7-23-09

Required Inspections for SFA/SFD

Appl. # 09500 22511 Valuation \$116,948 Sq. Feet 1860

Sequence

Bequence	
10 10-30 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 40 60 60 60 60 60 60 60 60	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 Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Three Trade Final Three Trade Final Three Trade Final Two Trade Final Two Trade Final Two Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit