* 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.org
Application for Residential Building and Trades Per

Owner's Name: Bill Clark Homes of Tayetter	ile. U.C Data: 9	18/08	
_ Site Address: 267 Strike Eagle Drive	Phone (910)	436-7606	
Directions to job site from Lillington:		12-0 2-0.12	
Rt.27 towards Rt.87. Turn left on Tingen Road.	Turn left into Subdivision of	n Strike Facie Drive	
		TO SAMO ELIGIO DITTO.	
Subdivision: Pattons Point	Lot:	14	
Description of Proposed Work: Single Janily			
Heated SF 1434 Unheated SF 585 Finished R	lec Room? NO.	Crawi Space (Slab (
<u>General Contrac</u>	tor Information		
Bill Clark Homes of Faraffeville, LLC Building Contractor's Company Name	(910) 426-	2898	
	Telephone	711-00 8:0 11	
Address	estate Wille NC 20 SOY	34592-BLD-U	
Kindseller Cay	Must sign & fill out second	Dage	
Signature of Owner/Contractor/Officer(s) of Corporation	•	haño	
Description of Work New Electric Service Service	<u>It information</u> Size: <i>200</i> Amps :	TPole: Vasino	
Sandy Kidge Electeric Anc.	(910) 323-2458		
Electrical Contractor's Company Name	Telephone	·	
454 Whitepead Rd. Taxetteville, NC	28312	10006-U	
Address		License #	
Signature of Officer(s) of Corporation			
Mechanical Perm	nit Intormation		
Description of Work New Heating + Cobling			
Mark-Air Anc.	(910) 484	-6565	
Mechanical Contractor's Company Name	i elebnone	•	
5217-103 Raeford Rd. Fayet	Levilly, NC2804		
Chandles Sitem	٠.	License #	
Signature of Officer(s) of Corporation			
Plumbing Permi	<u>t information</u>	<i>:</i>	
Description of Work New Plushing Sense	# Baths_		
NHNCE JOHNSON PLUMBING	910-424-	6712	
Plumbing Contractor's Company Name 3242 MTD PTNF DP FAV NA 25	Telephone		
Address AN	3306 775	56-P1	
William Hand On		License #	
Signature of Officer(s) of Corporation			
<u>Insulation Permit Information</u>			
TRI City Insolation 418 Person St. Fa Insulation Contractor's Company Name & Address		0) 486-8855	
	28301 T	elephone	

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 (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				
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:				
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. ✓ Has 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. Left 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. 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 <u>C - 7</u>	Job Name BILL CLARK. Date: 9-B-09
Required Inspections for SFA/SFD	Appl. # <u>09.5602278</u> 0 Valuation <u>\$131,828</u>
Saguenca	Valuation <u>\$ 131, 828</u> Sq. Feet <u>2629</u>

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 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