* 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.

11/23/09

Application # 09-500-23313

Harnett CouRty 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 Fayetheville, LC Date: 11/17/09		
	Owner's Name: Bill Clark Homes of Fayetheville, UC Date: 1/17/09 Site Address: 219 Caroline Och Circle Phone (910) 426-2898		
	Ulrections to job site from I illington		
	Take they 401 South to Elliott Bridge Road Go Rt to Will Lucar Rd.		
	Go Rt Subdivision or Right		
د	Subdivision: Carabia Oalis		
≈ >	Subdivision: Caralina Oaler Description of Proposed Work: Single Family Dwelling #Bedrooms: 3		
2	Heated SF 1672 Unheated SF 655 Finished Rec Room? 422 Crawl Space (Slab 14)		
	Bill Clark Hones of Faxeffeville, LLC (910) 426-2898 Building Contractor's Company Name Telephone		
	Building Contractor's Company Name Telephone PO Box 87021 Fayetteville NC 28304 Address License #		
	Address 34592-BLD-U		
	License #		
	Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation		
(/ \ Electrical Demots to t			
	Description of Work New Electrical Permit Information Service Size: 200 Amps TPoleryes/no		
	Sandy Ridge Electeric, Anc. (910) 323-2458 Electrical Confractor's Company Name Telephone		
<u> </u>	454 Whitehead Pd. FaxettevilleNC 28312 10006-U		
,	Address License #		
5	Signature of Officerial of Company		
Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work New Heat + Cool - Heat Purp			
٨	/lechanical Contractor's Company Name Telephone		
_	5217-103 Raeford Rd. Faxetheville, NC2884 15874		
P	License #		
Š	Inpature of Officer(s) of Communication		
Signature of Officer(s) of Corporation Plumbing Permit Information			
D	opposition of Manda Al. Al.		
V	ANCE JOHNSON PLUMBTON PLANTER DE MONTENER		
Plumbing Contractor's Company Name Telephone			
	242 MID PINE OR FAV NC 28306 MM 56-P1		
A	ddress License #		
<u> </u>	Ullian Hayles		
5	gnature of Officer(s) of Corporation		
Insulation Permit Information TRI City Insulation 4/18 Person St. Faurthenille NC (910) 486-8855			
În	Sulation Contractor's Company Name & Addrhoo		
	2830 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)			
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?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?			
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 Hamett 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/Contractof/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: General Contractor Owner Officer/Agent of the Contractor or Owner			
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. Yellow the Contractor or Owner of the Contractor or Owner of the Contractor or Owner or			
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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 H-1

Job Name CAROLINA OAKS

Date: 11-23-09

Required Inspections for SFA/SFD

Appl. # 09566 23313 Valuation \$ 142, 872 Sq. Feet 2199

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