\*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 # 09-500-23314

ens: 8   8	ed contractor. Address, company phone must match information on	Harnett County	Central Permitting	••		
	A - 1	Phone 910-893-7525 Fax:	910-893-2793 www.han	nett.org		SCANN
	Owner's Name: D: II. Cleak I	cation for Residentia	Building and Tra	ides Permit	,	DATE
	Owner's Name: Bill Clark   Site Address: 199 Carol	laway of takette	ville, CCC	Date: 1/1/17	09	<b>5</b> ,
<del></del>	Directions to lab all the same	ha vake Circl	Phone (	910) 426-	78-48	
	Directions to job site from Lilling	ton:				
					_w <sub>8</sub> 3.	
	they 401 Sorth to 8	MoHBridge Kd.	60 Rt. to W	1.11 Lucas Ro	ad-Go Ri	Jul - Si
	Subdivision: Carolina 0			Lot: 50		or
	Description of Proposed Work:	Sizele Family	Duelling	_#Bedrooms:	3	
	Heated SF <u>1789</u> Unheated	SF 4/2 Finished	Rec Room? ULL	 Crawl	Space (VSI	(Nyda
-	Police could	General Contra	etor information		_	
į	Building Contractor's Company	xetteville, LLC	<u> 1910) 4</u>	26-2898		
ب	PO Box Brezi E.	alla Ale Ale	Telephone			
艺	PO Box 87021 Fay	EGTENTIVE JUC	20304		1592-B	LD-U
?? .∀.	Kindrelin Con		Must sign & fill out	LICE	use #	
<b>A</b> (	Signature of Owner/Contractor/O	fficer(s) of Corporation	1 .	secona page		
<b>2</b> [	Description of Work New Elec	Electrical Perm	nit Information	·		
9	Sandy Ridge Electeric,	Service Service	(CIA) 333 6	Amps I Pole()	res/ho	
Ē	lectrical Contractor's Company	Name	(916) 323-3 Telephone	742.8		
	154 Whitepead Rd		28312	1000	( -( )	
A	Address	7 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	22/10		nse #	
=	- CONTINUE	· · · · · · · · · · · · · · · · · · ·				
3	Signature of Officer(s) of Corpora		maid lands and a self-			
С	escription of Work Na H	Mechanical Peri		, 0 5		
_	Mark-Air Anc		system - He			
N	lechanical Contractor's Compan	v Name	<u>(91<i>0)</i></u> Telephon	484-65	65	
	5217-103 Raeford	DA Javal	Hewill - AK 7	sour la	5874	
A	ddress 0 0 0-1	, 100	rest (12/10C)		nse #	
	Chandler Sk	<b>Ы</b>				
S	ignature of Officer(s) of Corporat					
D.	escription of West	Plumbing Perm		-	·	
1/	escription of Work New P	land A	#	Baths d	·	
PI	umbing Contractor's Company N	<i>UMSTVG</i> lame	<i>9∕0 -9</i> Telephone	24-6712	2	
3≟	242 MID PINE DR	FAYNC 2	8306 N	7M56-	PI	
Aç	ddress		_	Licer	/_/ ISO #	
<u>.</u>	Ullian How					
51	gnature of Officer(s) of Corporati		4 f g			
7	FICH TILL	Insulation Permi		(a ) Un		
Ins	RICITY Insolution Sulation Contractor's Company N	418 Puson St. A		(910) 48	_	
	· · ·		28301	Telephor	18	

Application #	
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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?yesno							
3. Do you intend to directly control & supervise construction activities?							
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 <u>any</u> 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 (South a) (Officer(s) of South a) (1)/17/09							
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 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.							
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.							
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 + - 1

Job Name CAROLINA OAK

Date: 11-43-09

Required Inspections for SFA/SFD

Appl. # 0950023314 Valuation # 144,625 Sq. Feet 2,226

## Sequence

10 R* Bldg. Footing 10-30 R* Elec. Temp Service Pole	e
10-30 R* Elec. Temp Service Pole	е
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	
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60 One Trade Final > 2500	
999 Envir. Operations Permit	