* 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 #_

23522

Harnett County Central Permitting

FC Box 85 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, UC Date: 12/15/09
Site Address: 260 Strike Eagle 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: PATTON'S POINT Lot: 96
Description of Proposed Work: Single Hamily Durilling #Bodrooms: 3
Heated SF /672 Unheated SF 520 Finished Rec Room? Yes Crawl Space () Sleb M
<u> </u>
Bill Clark Homes of Faretteville, LLC (910) 426-2898 Building Contractor's Company Name Telephone
Do Roy Orange -
Address 1 Johnson # 1 Johnson #
Signature of Charles and Charl
Organization Owner/Contractor/Officer(s) of Corporation
Description of Work New Electrical Permit Information Service Size: 200 Amps TPole: yes/no
Sandy Kidge Electric Roc (QIA) 222-211-0
Electrical Commactor's Company Name Telephone
454 Whitehead Pd. FaxettevilleNC 28312 10006-U
Address License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work New HVAC
Mark-Air Anc. 910 484-6565
I BIRDIANA
5217-103 Raeford Rd. Faxetteville, NC28864 15874
Chandles July
Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work New Phates # Baths 2
HNCE JOHNSON PLYMBENG 910-474-6710
Flumbing Contractor's Company Name Telephone
142 MID PINE OR FAY NC 28306 7756-P1
William Hand O
ignature of Officer(s) of Corporation
U Insulation Permit Information
TRICITY Insulation 4/18 Person St. E. Marille Nr. (910) 486-800-
sulation Contractor's Company Name & Address 2830; Telephone
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Application # 23522
Application # Of O O O

Homoowpore Amplifor to Dullet The London		
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		
Have you hired or intend to hire an individual to superintend and manage construction of the project? yesno		
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 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 <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/Contractor/Officer(s) of Corporation 12/15/0 9 Date		
Attidavit 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.		
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 carrying out the work.		
Company or Name: Bill Clark Hones of Fagetteville, LLC		
Sign W/Title: Kinhaly Coy-New Home Coardinator Date:		

Plan Box Number H

Job Name Pattows Pt.

Date: 1-5-10

Required Inspections for SFA/SFD

Sequence

10	
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
	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
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