\* Each section below to be filled cut by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on

Application #	
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Harnett County Central Permitting PO Box 85 Lillington, NC 27548 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit
Owners Name: Kill Clark Homes of Javetheville W.C. Date!
Slte Address: 342 Strike Eagle Drive Phone (910) 426-2898
Directions to Job site from Ullington:
Rt.27 towards Rt.87. Turn left on Tingen Road. Turn left into Subdivision on Strike Eagle Drive.
Subdivision: Pattons Point 10: 91
tor 91
Description of Proposed Work: Single family Dwelling #Bedrooms: 3
Heated SF /434 Unheated SF 744 Finished Rec Room? No Crawl Space () Slab General Contractor Information
Bill Clark House of Franklandle 116 Cours (126 2000
Bullding Contractor's Company Name Telephone
10 BCX 87021 Fayetteville NC 28304 34592-RID-U
Building Contractor's Company Name  Telephone  PO BC × 87021 Fayetteville NC 28304  Address  License #
Signature of Owner/Contractor/Officer(s) of Corporation  Must sign & fill out second page
✓ Clostwice Demock Lt
Description of Work New Vector & Service Size: 200 Among The
Electrical Contractor's Company Name Telephone
454 Whitebead Pd. Faxetteville NK 28312
Address   1006-U   License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work New Heating of Cooling - Heat Pump unit
Mark-Hig And
Mechanical Contractor's Company Name
5217-103 Raeford Rd. Faxetheville, NC28304 15874
Address License #
Signature of Officerial of Communication
Signature of Officer(s) of Corporation  Plumbing Permit Information
Description of Work No. Plant Co. 5
ANCE JOHNSON PLYMBING 910-424-6712
Plumbing Contractor's Company Name  Telephone
242 MID PINE OR FAYNC 28306 MM56-PI
Address License #
William Hand
Signature of Officer(s) of Corporation
Insulation Permit Information
TRI City Insolution 4/18 Pirson St. Fayetherille NC (910) 486-8855 Isulation Contractor's Company Name & Address 2020; Telephone
2830 i Telephone

	23805
Application #	$\alpha$

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? 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 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.
0-01
Signature of Owner/Contractor/Officer(s) of Corporation  2/15/10  Date
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
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), film(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
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.
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 AA7

Job Name PATTONS POINT

Date: 2-17-10

## Required Inspections for SFA/SFD

Appl. # 10-50023805 Valuation \$131,178 Sq. Feet 2019

## Sequence

10 R\* Bldg. Footing 10-30 R\* Elec. Temp Service Pole 20 х 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 Х 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