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.

	- 1
Application #	X

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harr

Application for Regidential Date 1
Application for Residential Building and Trades Permit  Owner's Name: 2:11 Clock 1)
Site Address: 425 Fifty Caliber Dave Phone (910) 426-2898
Rt.27 towards Rt.87. Turn left on Tingen Road. Turn left into Subdivision on Strike Eagle Drive.
ter on bythe (alite )
Description of Proposed Work: Single Time Lot: 20
Heated SF 1441 Unheated SF 540 Finished Rec Room? NO Crawl Space (XSiab 44)
R: II Cl. av II General Contractor Information Crawl Space (XSlab 44)
Dill Clark House at the West Land
PO Box 87021 Fayetteville NC 28304 34592-BLD-U
License #
Signature of Owner/Contractor/Officer(s) of Corporation  Must sign & fill out second page
Description of Work New Server
SONION DIA
Sandy Riage Electer Anc. (910) 323-2458  Electrical Contractor's Company Name Telephone
454 Whitehand Pd 1
Address This day taxetteville, NC 28312 10006-U
License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work New Heating & Cooking
Mechanical Contractor's Sance.
5217-103 D car 1 D 1
Address Telephone Telephone Telephone 15874
License #
Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work New Plants
THE SOMEON PHINKING
Plumbing Contractor's Company Name  Telephone
Address 7756-PI
License #
Signature of Officer(s) of Copporation
Insulation Permit Information
IKI Uto Lacilete HIA Res De -
insulation Contractor's Company Name & Address  2030   Telephone
20001

Application #	23980
* 1 ===== ··- <u></u>	

Homoowpore Applied
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 reque
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?
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?
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.
9m 9 B
Signature of Owner/Contractor/Officer(s) of Corporation  3/15/10  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.
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 Fagetheville, LLC
Company or Name: Bill Clark Homes of Fayetteville, LLC Sign W/Title: Kindsoly Coy-New Home Coordinator Date: 3/15/10

Plan Box Number 1947

Job Name Pallon's Pt.

Date: 3-16-10

Required Inspections for SFA/SFD

Appl. # 10-58823980 Valuation # 127 214 Sq. Feet / 958

## Sequence

10	R* Bldg. Footing	1441
10-30	R* Elec. Temp Service Pole	1991
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	
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