\* 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 #\_

Harnett County Central Permitting
PO Box 85 Ullington, NC 27548
Phone 910-893-7525 Fax 910-893-2783 www.harnett.org

:	Application for Residential Politics
<u> </u>	Application for Residential Building and Trades Permit  Owner's Name: R: 11 Clark Hames and Trades Permit
•	Owner's Name: Bill Clark Homes of Hartheville, CC Date: 3/14/10
	Site Address: 304 Strike Eagle Drive Phono (910) 110
	Directions to Job site from Lillington:Phone (910) 426-2898
<b>\</b>	A THE COURT CHANGE CONTRACTOR OF THE CONTRACTOR
(Q)	Rt.27 towards Rt.87. Turn left on Tingen Read. Turn left into Subdivision on Strike Eagle Drive.
NO.	Lot on Route
A ROY VO	Subdivision: Patteris Point
A 181	Description of Proposed Work: Single Family Dwelling #Bedray
Strates	(Heated SE Unheated SE Floished Res Bases 3
T. J.	Unheated SE Finished Rec Room? ACVES Crew Sec. 1513
13.0/1	Bill Clark Homes of Japaneral Contractor Information Crawl Space () Slab
2(20	during Contractor's Company Visconian (O) 424 2 20 c
1 1 / N	
	Address
	License #
	Signature of Owner/Contractor/Officer(s) of Corporation  Must sign & fill out second page
•	Electrical Remains
	Description of Work Na States Service Size: 3.00
	Sondy Kilon Flat
	College Company Name
	Address Tolophone  Telephone  Tolophone  Tolophone
	Address CVIII NC 28312 10006-U
<u> </u>	Lornos #
	Signature of Officer(s) of Corporation
	Mechanical Domina
•	Mas V - Ais (
	Mechanical Contractor's Company Name (910) 484 (575
3 - 2 - 2 - 2	5217-103 Racford Rd
	Address 1 15874
-	Chandler Sites License #
	Signature of Officer(s) of Corporation
	Plansking P.
	Description of Werk New Plants
	NANCE VOHUSON PLUMA # Baths 2
	Plumbing Contractor's Company Name
	3242 MTD PTA/F OR TOWN
•	Address MTD PINE OR FAY NC 28306 MM 5/ 01
	Willia 136-P1
	Signature of Officer(s) of Corporation
	Ter City Tool 1
	THE STATE OF THE S
	Insulation Contractor's Company Name & Address 2830   Telephone
	2830   Telephone

Hamaaiina	
Flease answer the following questions then see a Permit Technician to determine if you qualify Questionnaire per G.S. 87-14 Regulations as to issue of Building Permit	Home
	II SE / REGERGE COMMON II - L. I
Do you own the land on which this building will be constructed?	(Apprile damistose rabou Lednest)
- The parison of cousting and cousting and cousting and cousting and course of the cou	yesno
2. Have you hired or intend to hire an individual to superintend and man project?	1909 conetnuction of the
	Ves no
3. Do you intend to directly control & supervise construction activities?	
	yesno
4. Do you intend to schedule, contract, or directly pay for all phases of coone?	Oneta iotion words to t
uoile:	_ yesno
5. Do you intend to personally occurs the built in	
5. Do you intend to personally occupy the building for at least 12 conseccompletion of construction and do you understand that if you do not do so presumption under law that you fraudulently secured the permit?	utive months following o, it creates the
· · · · · · · · · · · · · · · · · · ·	yes no
Mechanical codes, and the Harnett County Zoning Ordinance. I state the infocontractors is correct as known to me and if any changes occur including listed number of bedrooms, building and trade plans, Environmental Health permit charanges, I certify it is my responsibility to notify the Harnett County Central Pentry and all changes.  3/15/16  Date	contractors, site plan, inges or proposed use mitting Department of
Signature of Owner/Contractor/Officer(s) of Compression	
Attidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:	
General ContractorOwnerOfficer/Agent of the Con	tractor or Owner
to hereby confirm under penalities of perjury that the person(s), firm(s) or corporate forth in the permit:	tion(s) performing the work
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' compens	ation Insurance to cover
Has one (1) or more subcontractors(s) who has their own policy of workers' wering themselves.	compensation insurance
Has no more than two (2) employees and no subcontractors.	
hile working on the project for which this permit is sought it is understood that the spartment issuing the permit may require certificates of coverage of worker's com- issuance of the permit and at any time during the permitted work from any person rying out the work.	pensation insurance prior n, firm or corporation
impany or Name: Bill Clask Homes of Fayettev;	lle. 1.1.0

Application #

SCAB

Plan Box Number BAA7

Job Name Bill Clark

Date: 3-25-10

Required Inspections for SFA/SFD

Appl. # 10-50023982 Valuation # 131437 Sq. Feet 2023

## 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