

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

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCANNED  
9/30/10  
DATE

**Application for Residential Building and Trades Permit**

Owner's Name: Watermark Homes, Inc Date: 9-2-10

Site Address: 76 Springflowers Drive, Cameron, NC 28326 Phone: 910-237-1512

Directions to job site from Lillington: \_\_\_\_\_

Subdivision: Carolina Season golf Lot: 13

Description of Proposed Work: \_\_\_\_\_ # of Bedrooms: 4

Heated SF: 2700 Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space:  Slab: \_\_\_\_\_

**General Contractor Information**

Watermark Homes, Inc

910-483-2229

Building Contractor's Company Name

Telephone

PO Box 53922 Fayetteville, NC 28305

kelly@watermarkhomesnc.com

Address

Email Address

Signature of Owner/Contractor/Officer(s) of Corporation

49261

License #

**Electrical Contractor Information**

Description of Work Electrical Work Service Size: 200 Amps T-Pole:  Yes  No

Sandy Ridge Electric

910-323-2458

Electrical Contractor's Company Name

Telephone

454 White Head Road Fayetteville, NC 28301

keith@sandyridgeelectric.com

Address

Email Address

Signature of Owner/Contractor/Officer(s) of Corporation

10006U

License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC

Simmons Heating, Cooling & Electric, Inc.

910-217-5242

Mechanical Contractor's Company Name

Telephone

1110 E 2nd Street Lumberton, NC 28358

jsimpson@shaac.com

Address

Email Address

Signature of Owner/Contractor/Officer(s) of Corporation

02875

License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 3

Dell Haire Plumbing

910-818-4863

Plumbing Contractor's Company Name

Telephone

7612 Documentary Drive Fayetteville, NC 28306

dellhaireplumbing@hotmail.com

Address

Email Address

Signature of Owner/Contractor/Officer(s) of Corporation

24204P-1

License #

**Insulation Contractor Information**

Cumberland Insulation 4205 Clington Road Fayetteville, NC 28312

910-484-7118

Insulation Contractor's Company Name & Address

Telephone

\*NOTE: General Contractor must fill out and sign the second page of this application.

SEP 30 2010

### 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?  Yes  No
3. 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.

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

  
Signature of Owner/Contractor/Officer(s) of Corporation

9-30-10  
Date

### 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

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: Watermark Homes, Inc

Sign w/Title: 

Date: 9-30-10