

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

Application # 25514

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

Application for Residential Building and Trades Permit

Owner's Name: Watermark Homes, Inc Date: 10/27/10
Site Address: 85 Wildwood Way - Cameron, NC 28320 Phone: 910-237-1512
Directions to job site from Lillington: _____

Subdivision: Carolina Seasons Community Lot: 73
Description of Proposed Work: New Residential Construction # of Bedrooms: 3
Heated SF: 1772 Unheated SF: 559 Finished Bonus Room? NO Crawl Space: _____ Slab: Reg. not mono

General Contractor Information

Watermark Homes, Inc
Building Contractor's Company Name
PO Box 53922 Fayetteville, NC 28305
Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____
910-483-2229
Telephone
kelly@watermarkhomesnc.com
Email Address
49261
License #

Electrical Contractor Information

Description of Work Electrical Work Service Size: 200 Amps T-Pole: Yes No
Sandy Ridge Electric
Electrical Contractor's Company Name
454 White Head Road Fayetteville, NC 28301
Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____
910-323-2458
Telephone
keith@sandyridgeelectric.com
Email Address
10006U
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
Simmons Heating, Cooling & Electric, Inc.
Mechanical Contractor's Company Name
1110 E 2nd Street Lumberton, NC 28358
Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____
910-217-5242
Telephone
jsimpson@shaac.com
Email Address
02875
License #

Plumbing Contractor Information

Description of Work Plumbing # Baths: 2.5
Dell Haire Plumbing
Plumbing Contractor's Company Name
7812 Documentary Drive Fayetteville, NC 28306
Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____
910-818-4863
Telephone
dellhaireplumbing@hotmail.com
Email Address
24204P-1
License #

Insulation Contractor Information

Cumberland Insulation 4205 Clington Road Fayetteville, NC 28312
Insulation Contractor's Company Name & Address
910-484-7118
Telephone

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

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

October 25, 2010

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:  PRES Date: October 25, 2010