* 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.

Applica in # 1120025967

DATE

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Phone 910-893-7525 Fax 910-893-2793 www.hamett.org
Application for Residential Building and Trades Permit

Owner's Name: Bill Clark Homes of Fayetheville, LLC Date: 1 25 14
Site Address: 349 Caroline Oake Circle Phone (910) 426-2898
Directions to job site from Lillington:
West on E. Front \$t. toward 1st St. Turn left onto 1st St. Turn right on E. Lofton St. Turn left on S. Main \$t. US-401/NC-210/NC-27. Continue to follow US-401.
Turn right onto Elliot Bridge Rd. Turn right on Will Lucas Rd. Subdivision is on right
Subdivision: Carolina Oaks Lot: 54
Description of Proposed Work: Single Family Dwelling #Bedrooms: 3
Heated SF /506 Unheated SF 670 Finished Rec Room? Vel Crawl Space () Slab X
General Contractor Information
Bill Clark Homes of Fazatteville, LLC (910) 426-2898 Building Contractor's Company Name Telephone
POBOX 87021 FAYETTEVILLE, NC 28304 34592-BLD-U
Address License #
Must sign & fill out second page
Signature of Ovmer/Contractor/Officer(s) of Corporation Electrical Permit Information
Description of Work New Electric Service Service Size: 200 Amps TPole (Vesino
Sandy Ridge Electeic, Anc. (910) 323-2458
Electrical Confractor's Company Name Telephone
454 Whitehead Rd Faxetteville, NC 28312 1006-U License #
License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work New Heating & Cooling System
Mechanical Contractor's Company Name (910) 484-6565 Telephone
5217-103 Raeford Rd. Faretteville, NC28304 15874
Address License #
Chandler Skas
Signature of Officer(s) of Corporation <u>Plumbing Permit Information</u>
ANCE JOHNSON PLUMBTING 910-424-6712
Plumbing Contractor's Company Name Telephone
242 MID PINE OR FAY NC 28306 7756-P1
Address License #
Signature of Official of Chicagolian
Signature of Officer(s) of Corporation Insulation Permit Information
Tri City 334E Maratain Drive Fayetteville, NC 910-486-8855
nsulation Contractor's Company Name & Address 28306 Telephone

Applic on # 1100025967

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
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?
yesno
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.
Signature of Owner/Contractor/Officer(s) of Corporation 1/25/11 Date
Atfidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General Contractor Owner 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 Fagetteville, LLC
Sign write: himsely Coy-New Home Coordinator Date: 1/25/11