* 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.

1150026063 Application #_

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

Application for Residential Building and Trades P

| Owner's Name: Bill Clark Homes of Fayetteville, LC Date: 2/10/11 |
|--|
| Site Address: 265 Fifty Caliber Drive Phone (910) 426-2898 |
| Directions to job site from Lillington: |
| Rt.27 towards Rt.87. Turn left on Tingen Read. Turn left into Subdivision on Strike Eagle Drive. |
| Turn left on Bunkerbuster & Right on Fifty Culiber - Lot on Rt. |
| Subdivision: Parton i Part |
| Description of Proposed Work: Single Family Durilling #Bedrooms: 3 |
| Heated SF 1217 Unheated SF 655 Finished Rec Room? NO Crew Space (1814) |
| Bill Clark Homes of Favetteville 116 (910) (126, 200 |
| Building Contractor's Company Name Telephone |
| 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 Electrical Permit Information Service Size: 200 Amps TPole yes/no |
| Sandy Kidge Electric Roc (QIA) 272-1100 |
| Electrical Contractor's Company Name Telephone |
| 454 Whitehead Pd. FaxettevilleNC 28312 10006-U |
| License # |
| Signature of Officer(s) of Corporation |
| Mechanical Permit Information |
| Description of Work New Heating & Cooling |
| Mechanical Contractor's Company Name (910) 484-6565 Telephone |
| S217-103 Racford Rd. Faxetouile, NC28864 15874 |
| Address License # |
| Chandler was |
| Signature of Officer(s) of Corporation |
| Plumbing Permit Information Description of Work New Plubing # Boths 2 |
| NANCE JOHNSON PLUMBTALL PLANCE |
| Plumbing Contractor's Company Name Telephone |
| 3242 MTD PINE DR FAYNC 28306 7756-P1 |
| Signature of Officer(s) of Corporation |
| Insulation Permit Information |
| TRI City Insulation 334 E. Mountain Fayetterille NC (910) 486-8855 |
| 2830 6 Telephone |

| 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) |
|---|
| Do you own the land on which this building will be constructed?yesno |
| Have you hired or intend to hire an individual to superintend and manage construction of the project? yesno |
| 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 <u>any</u> 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 2/15//II Date |
| Signature of Owner/Cohractor/Officer(s) of Corporation 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: |
| 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. |
| 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 |
| 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 |
| 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 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 |