\* 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 #		50026308
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Harnett County Central Permitting
PO Box 85 Lillington, NC 27548
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 Frysteville, LC Date: 3/21/11				
_ Site Address: 283 Fifty Coliber Drive Phone (910) 426-2898				
Directions to job site from Lillington: Hum 27 formal 11 87				
Directions to job site from Lillington: Hung 27 forward Hung 87 - Turn left on Tingen Rd.  Turn left into subdivision on Strike Engle Drive. Turn left on Bunkerbuster				
* Rt. on Fifty Coliber Drive - Lot on Right				
Subdivision: Partiers Point Lot: 78				
Description of Proposed Wester C 1 1 1. D 11.				
Heated SF /S 97 Unhasted SE /00 File 9-				
General Contractor Information				
Bill Clark Homes of Favatteville LLC (910) 426-2898  Building Contractor's Company Name Telephone				
PO BOX 87021 E W W 10 200				
Address 34592-BLD-U License #				
of the state of th				
Boschiphor of Work New Clearice Service Size: 200 Amps Tholory				
Sandy Ridge Electric Anc. (910) 323-2458 Electrical Confractor's Company Name Telephone				
454 Whitehad Rd Faxetteville NC 28312 10006-U				
License #				
Signature of Officer(s) of Corporation				
Description of Work New Heating + Cooling				
Masy-Air Ans				
Mechanical Contractor's Company Name  (910) 484-6565  Telephone				
Address 13 Ractord Rd. Faxetheville, NC2804 15874				
License #				
Signature of Officer(s) of Corporation				
Plumbing Permit Information				
Description of Work New Plans 2				
VHNCE JOHNSON PHIMETALL QUE HOLL CALL				
Plumbing Contractor's Company Name  Telephone				
Address 10				
License #				
Signature of Officer(s) of Corporation				
Insulation Permit Information				
TRI City Insulation Gontractor's Company Name & Address Talenham Telephone				
2830; Telephone				

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?					
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 <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.					
2/2/4					
Signature of Owner/Contractor/Officer(s) of Corporation  3/2/// Date					
Affidavit 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 Fayetteville, LLC					
Sign w/Title: Kimbaly Coy-Vew Home Coordinator Date:					

Plan Box Number E4

Job Name Bill Clark
Homes
Date: 3-23-11

## Required Inspections for SFA/SFD

Appl. # 1150024308'
Valuation \$ 130,593
Sq. Feet 2010

## Sequence

10	R* Bldg. Footing	
10	R* Mono Slab	
10-30	R* Elec. Temp Service Pole	
20	Foundation Survey	
20	R* Building Foundation	,
20	Address Confirmation	Slab
30-999	Open Floor	
30-999	R* Bldg. Slab Insp.	Mono
30-999	R* Elec. Under Slab	
30-999	R*Plumb. Under Slab	Crawl
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	
	-	