\* 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 # 1150020550

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

PU BOX	65 Lillington, NC 275	40
Phone 910-893-7525	Fax 910-893-2793 w	www.harnett.org

Application for Residential Building and Trades Permit Owner's Name: Bill Clark Homes of Fayetheville, UC Site Address: 386 Carolina Oaks Circle Phone (910) 426-28 Directions to job site from Lillington: MAIN STREET/US 401/NC 210 South on to US 401 South, Turn Right onto Elliott Bridge Road. Go to Will Lucas Road of go Right. Subdivision Subdivision: CAROLINA OAKS Description of Proposed Work: Single Family Dwelling #Bedrooms: Heated SF 1914 Unheated SF 710 Finished Rec Room? Yes Crawl Space ()(Slab (XL General Contractor Information Bill Clark Homes of Faxatteville, LLC Building Contractor's Company Name Telephone PO BOX 87021 34592-BLD-U Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Description of Work New Elec Service Size: 200 Amps TPole yes no Sandy Kidge Electeric (910) 323-2458 Electrical Contractor's Company Name Telephone Faxetheville, NC 28312 454 White and Rd 10006-U Address Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work New Heating & Cooling Mechanical Contractor's Company Name Telephone 5217-103 Address Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work New Plumb: --# Baths NANCE JOHNSON PLUMBING 910-424-Plumbing Contractor's Company Name Telephone PINE OR FAYNC Address Signature of Officer(s) of Corporation **Insulation Permit Information** TRI City Insolution 334 E. Mountain Fayetterille, NC Insulation Contractor's Company Name & Address Dr. 28306 (910) 486-8855 Telephone

Application	#	
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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 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.    4/27/11
Signature of Owner/Contractor/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:
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 Homes of Fayetteville, LLC Sign w/Title: Kinhely Coy-New Home Coordinatur Date: 4/27/11