

* 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 # 11 50026846

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 Permit

Owner's Name Bill Clark Homes of Fayetteville, LLC Date 4/6/11
Site Address 301 Fifty Caliber Drive Phone (910) 426-2898

Directions to job site from Lillington
Rt. 27 towards Rt. 87 Turn left on Tingen Road Turn left into Subdivision on Strike Eagle Drive
Turn left on Bunkerbuster & Rt on Fifty Caliber Drive

Subdivision Pattens Pt Lot 79
Description of Proposed Work Single Family Dwelling #Bedrooms 3
Heated SF 1914 Unheated SF 710 Finished Rec Room? YES Crawl Space () RAISED Slab

General Contractor Information

Bill Clark Homes of Fayetteville, LLC Telephone (910) 426-2898
Building Contractor's Company Name
PO Box 87021 Fayetteville, NC 28304 Address
Kimberly Gay License # 34592-BLD-U

Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

Electrical Permit Information

Description of Work New Electrical Service Size 200 Amps TPolar yes/no
Sandy Ridge Electric, Inc. Telephone (910) 323-2458
Electrical Contractor's Company Name

454 Whitehead Rd. Fayetteville, NC 28312 Address License # 10006-U

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Heating & Cooling
Mark-Air, Inc. Telephone (910) 484-6565
Mechanical Contractor's Company Name

5217-103 Raeford Rd. Fayetteville, NC 28304 Address License # 15874

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Plumbing # Baths 2 1/2
VANCE JOHNSON PLUMBING Telephone 910-424-6712
Plumbing Contractor's Company Name

3242 MID PINE DR FAY NC 28306 Address License # 7756-PI

Signature of Officer(s) of Corporation

Insulation Permit Information

Tri City Insulation Telephone (910) 486-8855
Insulation Contractor's Company Name & Address 334 E Mountain Fayetteville, NC 28306

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 superntend 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

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

6/6/11
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 Kimberly Coy - New Home Coordinator Date 6/6/11

Puttoms Point # 79

Plan Box Number A-9

Job Name Bill Clark Homes

Date 6-8-11

Required Inspections for SFA/SFD

Appl # 11500 26846
Valuation \$155,542
Sq Feet 2394

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
- 30-999 Open Floor
- 30-999 R* Bldg Slab Insp
- 30-999 R* Elec Under Slab
- 30-999 R*Plumb Under Slab
- 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

Raised
Slab

Mono

Crawl