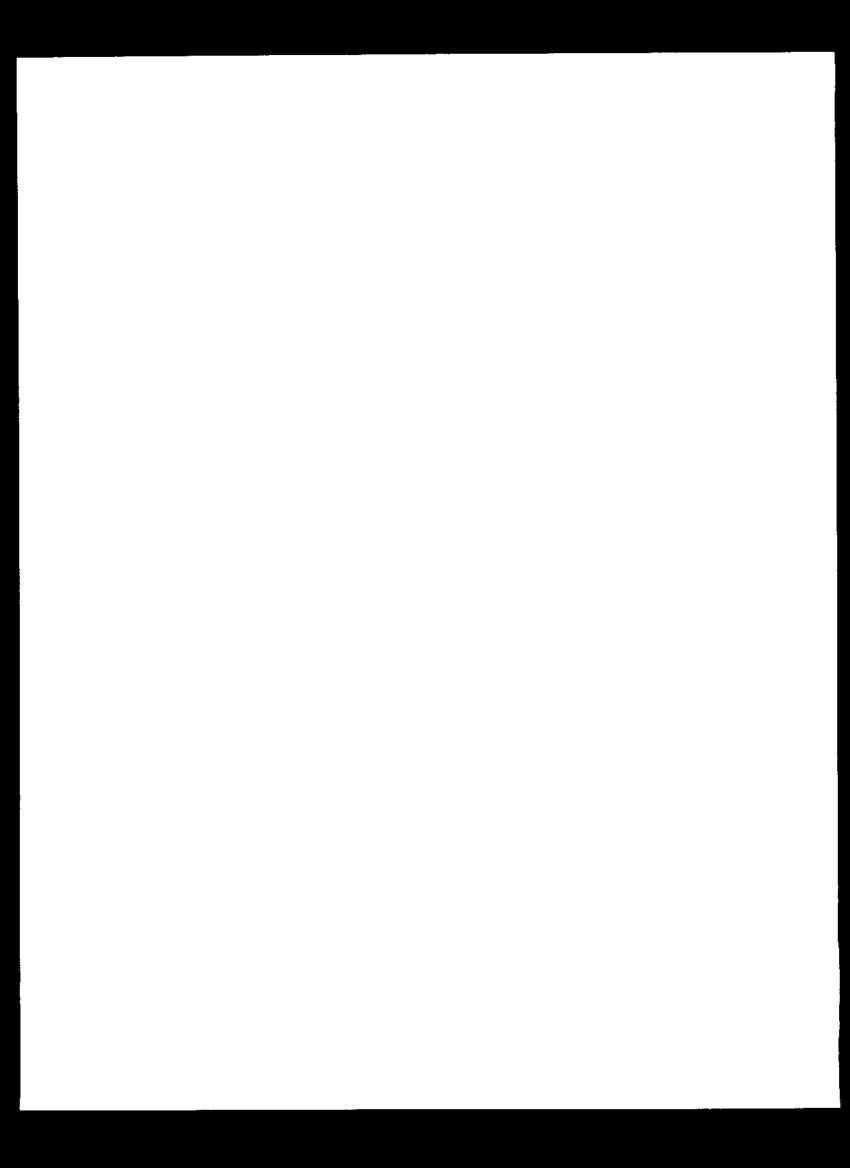
* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application #

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

Owner's Name: 2:11 Clark 1) And Annual Pullating and Trades Permit
Bitt Last Names at Ameterille 110
- One Addiess: 21 William Bethune (+)
Directions to Job site from Littington: Take Man Street US 401/NC 210 South to 401 South to Elliott Bridge Road. Turn Right 4 go to Will Lycan Produce 100 South to
Elliott Bridge Road. Turn Right of go to Will Lucas Road on Right
Turn Right into Carolina Oaks Soldivision. Twhe Coroline Oaks Circle to Lot in back Subdivision: Carolina Oaks
Subdivision: Carolina Oaks
Description of Proposed Work: Single Family Dwelling #Bedrooms: 3
General Control of Crawl Space (VSIah to RAISED)
Bill Clark House of the when the
Turbing Contractor & Company Name
PO BOX 87021 Facelly 110 200
Address 34592-BLD-U
The state of the s
Description of Work New Electrical Permit Information Service Size: 200 Amps TPole yes/no
Sandy Ridge Flad - Pole yestno
Tolonbary Name Tolonbary
454 Whitehead of Favethers 16212
Address License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work New Heating & Cooling
Mechanical Contractor's Company Name
5017-1-2 'l)
Chandles Sikes License #
Signature of Officer(s) of Corporation
Plumbling Permit Information Pescription of Work New Plumb
PANE TELLISON DE Plo-6.
lumbing Contractor's Company Name 1
242 MID PINE DE FRY NA 1920
ddress 10 0k PH NC 38306 7756-PI
Willen How O_
gnature of Officer(s) of Corporation
U Insulation Permit Information
Bulation Contractor's Company Name & Address Dr. Fayetter Ile, NC (910) 486-8855



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? yes no	
Do you intend to directly control & supervise construction activities? yes no	
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.	
Signature of Owner/Contractor/Officer(s) of Corporation 7/14/11 Date	
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 Clask Hones of Fayetteville, //C	
Sign W/Title: Kimbely Coy-New Home Coordinator Date: 7/14/11	

