\* 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 # 1150027466

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546			
one 910-893-7525	Fax 910-893-2793 www.harnett.org		

Application for Residential Building and Trades Permit Owner's Name: Rill Clark Homes of Tayetteville, LLC Fifty Caliber Drive Phone (910) 426-Site Address: 441 Directions to job site from Lillington: Hwy 27 toward Hwy B7. Turn left on Tingen Road. Turn left on Strike Eagle into Subdavision - Go left on Bunkerbusker & left on Fifty Caliber Dave Description of Proposed Work: Single Family Dwelling #Bedrooms: Heated SF 1460 Unheated SF 576 Finished Rec Room? No Crawl Space () Slab (X General Contractor Information Building Contractor's Company Name 28304 PO BOX 87021 Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information Description of Work New Electric Service Size: 200 Amps TPole (yes)no (910) 323-2458 Sandy Ridge Electric, Frac Telephone Electrical Contractor's Company Name FaxethevilleNC 28312 10006-U 454 White and Rd License # Address Signature of Officer(s) of Corporation Mechanical Permit Information Telephone Mechanical Contractor's Company Name Address Signature of Officer(s) of Corporation Plumbing Permit Information # Baths Description of Work 910-424-Telephone Plumbing Contractor's Company Name PINE OR FA Address Signature of Officer(s) of Corporation **Insulation Permit Information** (910) 486-8855 TRICITY Insolution 334 E. Mountain Fayetteville, NC Insulation Contractor's Company Name & Address Dr. 28306 Telephone

The In Own Home		
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? yes no		
2. Have you hired or intend to hire an individual to superintend and manage construction of the yes no project?		
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 yes no done?		
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 completion of construction and do you understand that if you do not do so, it creates the		
completion of construction and do you understants that you 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.		
99 Bed		
Signature of Cwitch College		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
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 Fagetheville, LLC Sign w/Title: Kinhaly Coy-New Home Coordinator Date:		
Sign w/Title: New Home Cookd, notok Date:		

	Date	9-1-11
Plan Box #	Job Name_	Bill Clark
App#1150027466	Valuation #122, 73/	SQ Feet <u>1889</u>
Inspections for SFD/SFA		
Crawl	Slab	Mono
Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final
>2500	>2500	>2500
Foundation Survey	Envir. Health	Other
Additions / Other		
Footing		
Foundation		
Slab		
 Mono		
Open Floor		
Rough In		
Insulation		
Final		