

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

910 893 7525 Fax 910 893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name Watermark Homes Inc. Date Sep 27 2011

Site Address 156 Timberline Drive Phone (910) 483-2229

Directions to job site from Lillington _____

Drive west on NC-87 for 14.4m turn left on Buffalo Lake Rd and drive 1.6m turn left onto Alpine Drive and drive 2m turn left on Timberline Drive and drive around the bend lot 56 sits on the corner

Subdivision The Summit Lot 56

Description of Proposed Work Single Family Residential #Bedrooms 3

Heated SF 1884 Unheated SF 2376 Finished Rec Room? Yes Crawl Space () Slab (x)

General Contractor Information

Watermark Homes Inc (910) 483-2229

Building Contractor's Company Name Telephone

1308 Fort Bragg Road, Fayetteville NC 28305 49261BLD-U

Address License #



Must sign & fill out second page

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

Electrical Permit Information

Description of Work Single Family Residential Service Size _____ Amps TPole yes/no

Sandy Ridge Electric (910) 323-2458

Electrical Contractor's Company Name Telephone

454 Whitehead Road, Fayetteville NC 28305 10006EL-U

Address License #



Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work Single Family Residential

Simmon's Heating, Cooling & Electric (910) 217-5242

Mechanical Contractor's Company Name Telephone

1110 East 2nd Street Lumberton NC 28358 02875

Address License #



Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Single Family Residential # Baths 3.5

Bass Plumbing (910) 237-7996

Plumbing Contractor's Company Name Telephone

406 Dehavilland Drive Fayetteville NC 28311 22895-P1

Address License #



Signature of Officer(s) of Corporation

Insulation Permit Information

Cumberland Insulation - 4205 Clington Rd Fayetteville NC 28312 (910) 484-7118

Insulation Contractor's Company Name & Address Telephone

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 that **by signing below I have obtained all subcontractors permission to obtain these permits** 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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00 After 2 years re-issue fee is as per current fee schedule

Justin Thomas
Signature of Owner/Contractor/Officer(s) of Corporation

12/12/11
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 *WATERMARK HOMES*

Sign w/Title *[Signature]* Date 12/12-11

Plan Box # File

Date 12/1/11
Job Name WALL MARK

App # 11500279TT Valuation #152423

SQ Feet 2346

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 _____



