

Application # 1150028017

* 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.

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 Permit

Owner's Name: Bill Clark Homes of Fayetteville, LLC Date: 12/6/11
Site Address: 216 Fifty Caliber Drive Phone: (910) 426-2898

Directions to job site from Lillington: Hwy 27 toward Hwy 87. Turn left on Tinger Road. Turn left on Strike Eagle into subdivision - then left on Bunkerbuster & Rt. on Fifty Caliber - Lot on left
Subdivision: Patton Point Lot: 40

Description of Proposed Work: Single Family Dwelling #Bedrooms: 3
Heated SF 1359 Unheated SF 677 Finished Rec Room? NO Crawl Space () RAISED Slab

General Contractor Information

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

Kimberly Gay 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
Sandy Ridge Electric, Inc. (910) 323-2458
Electrical Contractor's Company Name Telephone
454 Whitehead Rd. Fayetteville, NC 28312 10006-U
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Heating & Cooling
Mark-Air, Inc. (910) 484-6565
Mechanical Contractor's Company Name Telephone
5217-103 Raeford Rd. Fayetteville, NC 28304 15874
Address License #
Chandler Sikes
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Plumbing # Baths 2
VANCE JOHNSON PLUMBING 910-424-6712
Plumbing Contractor's Company Name Telephone
3242 MID PINE DR FAY NC 28306 7756-P1
Address License #
William R. Boyer
Signature of Officer(s) of Corporation

Insulation Permit Information

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

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

12/6/11
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

___ General Contractor ___ Owner X 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.

X 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: 12/6/11

Plan Box # AAS

Date 12-8-11

Job Name Bill Clark

App # 1150028017

Valuation \$119677

SQ Feet 1842

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