

\* 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 Permit**

Owner's Name: Bill Clark Homes of Fayetteville, LLC Date: 4/24/12  
Site Address: 328 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, Turn left on Bunkerbuster & Rt. on Fifty Caliber - Lot on corner  
Subdivision: Patton Point Lot: 34

Description of Proposed Work: Single Family Dwelling #Bedrooms: 4  
Heated SF 2130 Unheated SF 610 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 #

Chandler  
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 1/2  
VANCE JOHNSON PLUMBING 910-424-6712  
Plumbing Contractor's Company Name Telephone  
3242 MID PINE DR FAY NC 28306 7756-PI  
Address License #

William R. Payne  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

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

**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

4/24/12  
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: Hinshelby Coy - New Home Coordinator Date: \_\_\_\_\_

Plan Box # E3

Date 5-15-12

Job Name Bill Clark Homes

App # 1250028945

Valuation 164,248

SQ Feet 2528

**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 \_\_\_\_\_