\* 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 #
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## 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: Kill Clark Homes of Familia (16 Datos)
Site Address: 486 Fifty (alibu Dr. Phone (910) 426-2898
Directions to job site from Lillington:
Hwy 27 toward Hwy 87. Turn left on Tingen Road. Turn left
on Strike Eagle into Subdavision
Subdivision: Patton Point Lot: 26
Description of Proposed Work: Single Family Dwelling #Bedrooms: 3
Heated CE 1335 1 Unbertal OF 630 19 mm.
General Contractor Information
Bill Clark Homes of Faxaffeville, LLC (910) 426-2898 Building Contractor's Company Name
Building Contractor's Company Name  Telephone
Building Contractor's Company Name  Telephone  PO Box 87021 Fayetteville NC 28304  Address  License #
License #
Signature of Owner/Contractor/Officer(s) of Corporation  Must sign & fill out second page
Description of Work New Service Size:Amps TPole: yes/no
relephone
454 Whitehead Pd. TaxettevilleNC 28312 10006-U
Address License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work new heating an
Mark-Air Anc. 910 484-6565
Mechanical Contractor's Company Name Telephone
5217-103 Raeford Rd. Faxotheville, NC28364 15874
Chandles States
Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work new plumbing # Baths 2
Plumbing Contractor's Company Name  Plumbing Contractor's Company Name  Telephone
21/2
Address 10
William How D
Signature of Officer(s) of Corporation
Insulation Permit Information
TRI City Insolution 334 E. Mointein Fayetterille NC (910) 486-8855  Telephone  Telephone
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)
Do you own the land on which this building will be constructed?yesno
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yesno
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 <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.
Brico. Walker 10-25-12
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 Clark Homes of Fagettooille, LLO

Application #\_

Sign w/Title: Bank

Date: 10 - 25 - 12