

09/09/11

Application #

125-30162

Harnett County Central Permitting

PO Box 65 Lillington NC 27546  
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

**Application for Residential Building and Trades Permit**

Owner's Name Watermark Homes, Inc. Date 1/1/2013

Site Address 225 Castlerock Drive Phone 910-483-2229

Directions to job site from Lillington \_\_\_\_\_  
Drive West on NC-87 for 14.4 miles. Turn left on Buffalo Lake Rd and drive 1.6 miles. Turn left onto Alpine Drive. Make right onto Castlerock Drive. Go to end...house will be on left at end...corner lot.

Subdivision The Summit Lot 107

Description of Proposed Work New Residential Construction # of Bedrooms 4

Heated SF 2,179 Unheated SF 590 Finished Bonus 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 - Suite 201 Fayetteville, NC 28305 \_\_\_\_\_

Address Email Address

49261BLD-U

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New Residential Construction Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No

Sandy Ridge Electric 910-323-2458

Electrical Contractor's Company Name Telephone

454 Whitehead Rd, Fayetteville NC 28305 keith@sandyridgeelectric.com

Address Email Address

10006EL-U

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work New Residential Construction \_\_\_\_\_

Simmons HVAC 910-374-4854

Mechanical Contractor's Company Name Telephone

1110 E 2nd Street Lumberton, NC 28358 wskipper@shaac.com

Address Email Address

02875

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New Residential Construction # Baths 2.5

Vance Johnson Plumbing 910-424-6712

Plumbing Contractor's Company Name Telephone

3242 Mid Pine Road Fayetteville, NC 28306 bbuford@vplumbing.com

Address Email Address

07756P1

License # \_\_\_\_\_

**Insulation Contractor Information**

Cumberland Insulation- 4205 Clington Rd. Fayetteville NC, 2831 910-484-7118

Insulation Contractor's Company Name & Address Telephone

**\*NOTE General Contractor must fill out and sign the second page of this application**

NOTE: General Contractor must fill out and sign the second page of this application.

**Insulation Contractor Information**

Contractor's Company Name & Address: 4305 Clinton Rd Fayetteville NC 28311  
 Telephone: 910-484-7118

**Plumbing Contractor Information**

Contractor's Company Name: Vance Johnson Plumbing  
 Address: 3245 Mid Pine Road Fayetteville NC 28306  
 Telephone: 910-424-5712  
 Email Address: vjohnson@vplumbing.com  
 # Baths: 2

**Mechanical/HVAC Contractor Information**

Contractor's Company Name: Shannon HVAC  
 Address: 1110 E 2nd Street Lumberton NC 28358  
 Telephone: 910-374-4854  
 Email Address: shannon@shannon.com

**Electrical Contractor Information**

Contractor's Company Name: Sandy Rice Electric  
 Address: 406 Waterford Rd Fayetteville NC 28306  
 Telephone: 910-323-2488  
 Email Address: keith@sandyriceelectric.com  
 Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No

**General Contractor Information**

Contractor's Company Name: Watson Homes Inc  
 Address: 1505 Fort Band Road - Suite 101 Fayetteville NC 28306  
 Telephone: 910-483-3220  
 Email Address: \_\_\_\_\_

Subdivision: The Summit  
 Lot: 107  
 Description of Proposed Work: New Residential Construction  
 # of Bedrooms: 4  
 Heated SF: 2170 Unheated SF: 500 Finished Bonus Room? Yes  
 Craw Space:  Slab X  
 Questions to Job site from Litching: Drive West on NC-87 for 14.4 miles. Turn left on Buffalo Lake Rd and drive 1.6 miles. Turn left onto Alpine Drive. Take right onto Castleock Drive. GS to end. House will be on left at end. Contact for

Contract Name: Watson Homes Inc  
 Site Address: 325 Castleock Drive  
 Phone: 910-483-3220  
 Date: 11/20/10

Application for Residential Building and Trades Permit

Hannett County Central Permitting  
 P.O. Box 88 Litching NC 27848  
 910 888 7322 Fax 910 883 3722 www.hannett.org/permits

Application #

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

\_\_\_\_\_  
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 Watermark Homes Inc

Sign w/Title [Signature] President Date 4/11/2013

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 Hammet County Zoning Ordinance. I state the information on the above contractor is correct as known to me and that by signing below I have obtained all subcontractors necessary to obtain these permits and if any changes occur including listed contractors, site plan number of buildings, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Hammet County Central Permitting Department of any and all changes.

**EXPIRED PERMIT FEES - 8 Months to 2 years permit re-issue fee is \$100.00 After 2 years re-issue fee is as per current fee schedule**

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 I 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 subcontractor(s) and has obtained workers' compensation insurance to cover them? \_\_\_\_\_

Has one (1) or more subcontractor(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 workers' 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 \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_