

* 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: 4/2/07

Site Address: _____ 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

Subdivision: Patton Point Lot: _____

Description of Proposed Work: Single Family Dwelling #Bedrooms: _____

Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () 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 _____ Service Size: _____ 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 _____
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 _____ # Baths _____
VANCE JOHNSON PLUMBING 910-424-6712
Plumbing Contractor's Company Name Telephone

3242 MID PINE DR FAY NC 28306 7756-PI
Address License #

William Boyer
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.

Ben Wall

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

11-20-12

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.

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

Sign w/Title: _____ Date: _____

Plan Box # C3

Date 12-3-12

Job Name Bill Clarke

App # 30190

Valuation 121,908

SQ Feet 2332

Inspections for SFD/SFA

Crawl

Slab

Mono

Footng	Footng	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

Footng

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final