

* 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: _____

Site Address: _____ Phone (910) 426-2898

Directions to job site from Lillington: _____
West on E. Front St. toward 1st St. Turn left onto 1st St. Turn right on E. Lofton St.
Turn left on S. Main St. US-401/NC-210/NC-27. Continue to follow US-401.
Turn right onto Elliot Bridge Rd. Turn right on Will Lucas Rd. Subdivision is on right

Subdivision: Pattons Point Lot: 24

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 #

Kimbalay Coy Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work New Electric Service 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 System

Mark-Air, Inc. (910) 484-6565
Mechanical Contractor's Company Name Telephone

5217-103 Raeford Rd. Fayetteville, NC 28304 15874
Address License #

Chandler Sikas
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Plumbing # Baths _____

VANCE JOHNSON PLUMBING 910-424-6712
Plumbing Contractor's Company Name Telephone

3242 MID PINE DR FAY NC 28306 7756-P1
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

A-1 Insulation P.O. Box 180 Hope Mills, NC 28348 (910) 429-2990
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 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

Sign w/Title: Brian D Walker Date: 2-1-13