

* 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 # 0950023306

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Jason & Judy Bouchard Date: 10-2-09
Site Address: 233 Eister Rd, Lillington, NC Phone: 919-499-6922
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Garage with addition #Bedrooms: _____
Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

As Owner
Building Contractor's Company Name _____ Telephone _____

Address _____ License # owner

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

Electrical Permit Information

Description of Work _____ Service Size: _____ Amps TPole: yes/no

As Owner
Electrical Contractor's Company Name _____ Telephone _____

Address _____ License # owner

Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work _____

As Owner
Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # owner

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # owner

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Owner
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.

John C. Paul

10-2-09

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:

Sign w/Title: *John C. Paul* *owner*

Date: *10-2-09*

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Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Jason Bouchard Date: 12-14-09
Site/Address: 133 Fister Rd. Lillington NC 27546 Phone: 919-499-6922

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ #Bedrooms: _____

Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

As Owner
Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Jason Bouchard
Signature of Owner/Contractor/Officer(s) of Corporation _____ Must sign & fill out second page

Electrical Permit Information

Description of Work _____ Service Size: _____ Amps TPole: yes/no

As Owner
Electrical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Jason Bouchard
Signature of Officer(s) of Corporation _____

Mechanical/HVAC Permit Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

As Owner Jason Bouchard
Insulation Contractor's Company Name & Address _____ Telephone _____

Homeowners Applying to Build Their Own Home

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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.

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.

Jean C. Beland
Signature of Owner/Contractor/Officer(s) of Corporation

12-14-09
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: _____

Signature/Title: *Jean C. Beland*

Date: 12-14-09



December 2, 2009

Jason C. Bouchard
233 Eiser Rd.
Lillington, NC 27546
E Mail: JCBADJUST@AOL.COM

Reference: Engineering Services
233 Eiser Rd.
Lillington, NC
Project No.: 09GAR-F540a

A representative of Tyndall Engineering & Design was on site to observe the following framing items per the below list:

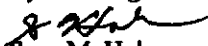
- 1) Verify insulation located in the ceiling and insulation in the walls.
- 2) Analysis existing car port foundation.
- 3) Analysis existing garage and garage addition foundation.
- 4) Analysis existing rear deck foundation.
- 5) Analysis existing rear game room addition framing and foundation.
- 6) Analysis existing rear game room roof bearing on the modular home's roof.

The following conclusions and recommendations were noted:

- 1) Based on our observations and analysis of random area checks, the existing baffles and insulation (R30) in the ceiling is adequate, and the existing insulation (R13) in the walls is adequate.
- 2) Based on our observations and analysis, the existing foundation is adequate as constructed to support the anticipated loading conditions.
- 3) Based on our observations and analysis, the existing foundation is adequate as constructed to support the anticipated loading conditions.
- 4) Based on our observations and analysis, the existing foundation is adequate as constructed to support the anticipated loading conditions.
- 5) Based on our observations and analysis, the existing 2x8 floor joist @ 16" O.C., 2x6 Ceiling Joist @ 16" O.C. and 2x6 Rafters @ 16" O.C. with a 2x8 ridge are adequate as constructed to support the anticipated loading conditions.
- 6) Based on our observations and analysis, the existing rear game room roof system bearing on the existing roof system is adequate as constructed to support the anticipated loading conditions.

We appreciate being able to assist you during this phase of the project. If you need additional information or further assistance please do not hesitate to contact us.

Sincerely,
Tyndall Engineering & Design


Sean M. Holmes
SMH\09GAR-F0540a

