

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

Application # 07-500-17432R

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

SCANNED  
4/21/11  
DATE

**Application for Residential Building and Trades Permit**

Owner's Name: D Walsh Construction Co LLC Date: 4/19/11

Site Address: Strike Eagle Phone: 919-291-2087

Directions to job site from Lillington: \_\_\_\_\_

Subdivision: Pattens Point Lot: 84

Description of Proposed Work: SFD # of Bedrooms: 3

Heated SF: 184 Unheated SF: 520 Finished Bonus Room? 240 Crawl Space:  Slab:

**General Contractor Information**

D Walsh Construction Co LLC 919-291-2087  
Building Contractor's Company Name Telephone

11 Mountain Heather Chapel Hill  
Address 27517 Email Address

3999  
License #

**Electrical Contractor Information**

Description of Work Electrical Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No

MX Corp 919-427-3711  
Electrical Contractor's Company Name Telephone

6300 Sunset Lake Rd  
Address Email Address

23035  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Home  
Advantage Heating & Cooling 919-337-5824  
Mechanical Contractor's Company Name Telephone

12516 Ricketts Rd Raleigh 27603  
Address Email Address

23922  
License #

**Plumbing Contractor Information**

Description of Work Plumbing New Hm # Baths 2.5  
Harco Plumbing Inc 770-5308  
Plumbing Contractor's Company Name Telephone

412 Swearingen Lane Sanford NC  
Address 27332 Email Address

19443  
License #

**Insulation Contractor Information**

Tri City Forestville 910-237-0457  
Insulation Contractor's Company Name & Address Telephone

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

APR 21 ENTD

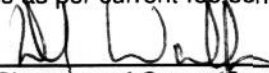
### Homeowners Applying to Build Their Own Home

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 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

4/19/11  
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: D Walsh Construction Co LLC

Sign w/Title: D Walsh managing member Date: 4/19/11

