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

Application # 07-500-17432 R

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

Directions to job site from Lillington: Subdivision: Pathon Powt Description of Proposed Work: Secription of Proposed Work: Leated SF: Unheated SF: Unheated SF: General Contractor Information Divided Constructor's Company Name Whom to be constructed Contractor Information Description of Work Corp. Electrical Contractor Information Service Size: Amps T-Pole: Yes Address Amps T-Pole: Yes Address Description of Work Wechanical/HVAC Contractor Information Description of Work Wechanical/HVAC Contractor Information Description of Work Wechanical Contractor's Company Name Telephone	Owner's Name: 4 Wolsh Construction Co. Site Address: STRILE Exsly	_ Phone: 919 - 2912
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*NOTE: General Contractor must fill out and sign the second page of this application.

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)
Do you own the land on which this building will be constructed? Yes No
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
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.
Al Wall
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: 1) Welsh Construction CO LLC

Plan Box Number_(Job Name PATIONS POINT 7	#84
	Date: 4/21/11	
Required Inspections	for SFA/SFD	
	Appl. # 07-500-17437	
	Valuation 154697	
	Sq. Feet 2381	
Sequence		
10	D# D11 D	
10	R* Bldg. Footing	
10	R* Mono Slab	
10-30	R* Elec. Temp Service Pole	
20	Foundation Survey	
20	R* Building Foundation Address Confirmation Slab	
30-999	Address Confirmation Slab Open Floor	
30-999	R* Bldg. Slab Insp. Mono	
30-999	R* Elec. Under Slab	
30-999	R*Plumb. Under Slab Crawl	
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50	R* Insulation	
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999	Envir. Operations Permit	