

\* 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 # 07-500-17433  
Harnett County Central Permitting

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

SCANNED  
8/2/10  
DATE

**Application for Residential Building and Trades Permit**

Owner's Name: D Walsh Construction LLC Date: 7/25/10

Site Address: \_\_\_\_\_ Phone: 919-291-2087

Directions to job site from Lillington: 27 West 16 Triles TO Tinge RD

Take LF so 1.5 mile make left into PATTON'S POINT

STRAIGHT BACK IN ON 4541

Subdivision: PATTON'S POINT Lot: 87

Description of Proposed Work: New Home #Bedrooms: 3

Heated SF 1668 Unheated SF \_\_\_\_\_ Finished Rec Room?  Crawl Space  Slab ( )

**General Contractor Information**

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

111 Mountain Heather Chapel Hill 27577 39991  
Address License #

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

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps TPole  no

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

P.O. Box 596 Fuquay Varina NC 27526 23035  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical/HVAC Permit Information**

Description of Work New Units

ADVANTAGE HEATING + COOLING 919-337-5824  
Mechanical Contractor's Company Name Telephone

PMB 155 3434-135 Kildan Farm RD CARY NC 27518 23922  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Residential Plumbing # Baths 2

HAZE PLUMBING INC. 919-770-5308  
Plumbing Contractor's Company Name Telephone

412 SWAINSON LANE Sanford N.C 27332 19443  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

TR: City Insulation 910-237-0457  
Insulation Contractor's Company Name & Address Telephone

AUG X 2 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 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]  
Signature of Owner/Contractor/Officer(s) of Corporation

7/24/10  
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 Welsh Construction LLC

Sign w/Title: [Signature]    Date: 7/24/10