

* 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 # 08 500 20871

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: AQ Contracting Inc. Date: 10/13/08

Site Address: 11 Tower Drive Phone: 919-656-6900

Directions to job site from Lillington: Rt 27 West, left on
Tingen Rd, left on Tower Drive
lot 1 on left

Subdivision: TINGEN PLACE Lot: 1

Description of Proposed Work: NEW SINGLE FAM. RESID. #Bedrooms: 3

Heated SF 1858 Unheated SF 467 Finished Rec Room? YES Crawl Space Slab

General Contractor Information

AQ Contracting Inc 919-542-9893
Building Contractor's Company Name Telephone

PO Box 1508, Pittsboro, NC 27312 47496
Address License #

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

Electrical Permit Information

Description of Work NEW RESID Service Size: 200 Amps TPole: yes/no

USELECTRICAL.COM 919-772-2282
Electrical Contractor's Company Name Telephone

8541 A Glenwood Ave RALEIGH, NC, 27612 19980-L
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work NEW RESID.
US HEAT AND AIR .COM 919-772-2282
Mechanical Contractor's Company Name Telephone

8541 A Glenwood Ave RALEIGH, NC, 27612 23953
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work NEW RESID. # Baths 2.5
US Plumbing .com 919-772-2282
Plumbing Contractor's Company Name Telephone

8541 A Glenwood Ave RALEIGH, NC, 27612 21703
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Best Way Insulation, Inc 910-628-9243
Insulation Contractor's Company Name & Address Telephone

ACORD CERTIFICATE OF LIABILITY INSURANCE

OPID A#
AQCON-1

DATE (MM/DD/YYYY)
08/05/08

PRODUCER
TriSure Corporation-JC
4325 Lake Boone Trail
Suite 200
Raleigh NC 27607
Phone: 919-469-2473 Fax: 919-467-4987

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Builders Mutual Insurance	10844
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

INSURED

AQ Contracting Inc.
Rick A. Murray
P O Box 1508
Pittsboro NC 27312

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A			GENERAL LIABILITY	CPP 0012904 05	07/01/08	07/01/09	EACH OCCURRENCE	\$ 1000000
			<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
			<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5000
			GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1000000
			<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2000000
			AUTOMOBILE LIABILITY				PRODUCTS - COMPIOP AGG	\$ 2000000
			<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$
			<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
			<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
			<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
			<input type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT	\$
			GARAGE LIABILITY				OTHER THAN AUTO ONLY: EA ACC	\$
			<input type="checkbox"/> ANY AUTO				AGG	\$
A			EXCESS/UMBRELLA LIABILITY	CPP 0012904 05	07/01/08	07/01/09	EACH OCCURRENCE	\$ 1000000
			<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1000000
			<input type="checkbox"/> DEDUCTIBLE					\$
			<input checked="" type="checkbox"/> RETENTION \$10000					\$
A			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001000030270107	07/01/08	07/01/09	WC STATU-TORY LIMITS	
			ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTHER	
			<input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$ 500000
			OTHER				E.L. DISEASE - EA EMPLOYEE	\$ 500000
							E.L. DISEASE - POLICY LIMIT	\$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Operations of the named insured are covered by the policies specified above.

CERTIFICATE HOLDER

IN83679

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Haywood

ACORD 25 (2001/08)

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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]
Signature of Owner/Contractor/Officer(s) of Corporation

10/13/08
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: *AD Contracting Inc.*

Sign w/Title: *[Signature] PM* Date: 10/13/08

Plan Box Number AA-8

Job Name A.Q. CONTRACTING

Date: 10-14-08

Required Inspections for SFA/SFD

Appl. # 0850020871
Valuation 132,996
Sq. Feet 2047

Sequence

10	✓	R* Bldg. Footing
10-30	✓	R* Elec. Temp Service Pole
20	✓	R* Building Foundation
20	✓	Address Confirmation
30-999	✓	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R* Plumb. Under Slab
40	✓	Four Trade Rough In
40		Four Trade Rough In > 2500
40		Three Trade Rough In
40		Three Trade Rough In > 2500
40		Two Trade Rough In
40		Two Trade Rough In > 2500
40		One Trade Rough In
40		One Trade Rough In > 2500
50	✓	R* Insulation
60	✓	Four Trade Final
60		Four Trade Final > 2500
60		Three Trade Final
60		Three Trade Final > 2500
60		Two Trade Final
60		Two Trade Final > 2500
60		One Trade Final
60		One Trade Final > 2500
999	✓	Envir. Operations Permit

Existing

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

Application # 06-50020871

Harnett County Central Permitting
PO Box 65 Willington, NC 27548

910-893-7625 Fax 910-893-2700 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: AQ Contracting Inc Date: 11/20/08

Site Address: _____ Phone: 919-656-6800

Directions to job site from Willington: _____

REVISED CONTRACTORS LIST
All-EXCEPT GENERAL CONTRACTOR

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ #Bedrooms: _____

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

General Contractor Information

AQ Contracting Inc 919-542-9893
Building Contractor's Company Name Telephone

PO Box 1508 Pittsboro, NC 27312 47496
Address License #

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

Electrical Permit Information

Description of Work Electrical wiring Service Size: 200 Amps TPole: ()
Maude Electric LLC 910-897-6266
Electrical Contractor's Company Name Telephone

34 Eagle Rd Coats, N.C 27521 234912
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work NEW DRIVE FAMILY RESIDENTIAL
ARS / Rescue Rooter 919-828-5147
Mechanical Contractor's Company Name Telephone

517 Pylon Drive Raleigh, NC 27606 16245
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing Free Cook # Baths: _____
JAMIE JOHNSON PLUMBING 910-984-6277
Plumbing Contractor's Company Name Telephone

1490 Clark Road, Willington, NC 21649
Address License #
27546

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

TRI CITY INSULATION & BLDG PRODUCTS 910-486-8855
Insulation Contractor's Company Name & Address Telephone

changed
and
RE-ENGINEERED
11-20-08