

REGISTRATION ORDER TO BE FILLED OUT BY  
whenever performing work. Must be owner  
or licensed contractor. Address, company  
name & phone must match information on  
license.

Application #: 09 500 81652

Hamett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7625 Fax 910-893-2783 [www.hamett.org/permits](http://www.hamett.org/permits)

Application for Residential Building and Trades Permit

Owner's Name: AQ Contracting Inc Date: 3/12/09

Site Address: 66 Cross Roads Court Phone: 919-656-6800

Directions to job site from Lillington: RT27 WEST TO LEFT ON  
TINKER Rd to LEFT ON TOWER DRIVE to Right  
ON Cross Roads Court

Subdivision: TINKER PLACE Lot: 37

Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIAL #Bedrooms: 3

Heated SF 1458 Unheated SF 486 Finished Rec Room? YES Craw Space  Slab

General Contractor Information

AQ Contracting Inc Telephone: 919-542-9893

Building Contractor's Company Name  
PO Box 1508 Pittsboro, NC 27312 License #: 47496

Address  
[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: Single

Powers Electric & Maintenance Co. Inc. Telephone: 919-499-7767

Electrical Contractor's Company Name  
80 Hill Thomas Rd Lillington NC 27546 License #: 21643-0

Address  
[Signature]

Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work AR5 RESCUE ROOPER

ARS Rescue Rooper Telephone: 919-828-5147

Mechanical Contractor's Company Name  
517 Pylon Drive Raleigh NC 27606 License #: 16245

Address  
[Signature]

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing Fix Cook # Baths

Jamie Johnson Plumbing Telephone: 910-984-6277

Plumbing Contractor's Company Name  
1490 Clark Road, Lillington, NC License #: 21649

Address  
[Signature] 27546

Signature of Officer(s) of Corporation

Insulation Permit Information

Tri City Building & Insulation Telephone: 910-466-8855

Insulation Contractor's Company Name & Address

### 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.

*Rick Blumberg*  
Signature of Owner/Contractor/Officer(s) of Corporation

3/12/09  
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: *AQ Contracting Inc.*

Sign w/Title: *Rick Blumberg PM* Date: 3/12/09

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AH  
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.**

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

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

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

**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

INS3679

## 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  
*Angela K. Haywood*

Crawl

Plan Box Number AA8

Job Name Tinsell Place

Date: 3-13-09

Required Inspections for SFA/SFD

Appl. # 09-500 21652

Valuation 148005

Sq. Feet 2278

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