

* EACH SECTION ABOVE TO BE FILLED OUT BY
owner or performing work. Must be owner
or licensed contractor. Address, company
name & phone must match information on
license.

Application # 0950021653

Hamett County Central Permitting

PO Box 65 Lillington, NC 27548

910-893-7525 Fax 910-483-2789 www.hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: AQ Contracting Inc

Date: 3/12/09

Site Address: 130 MICRO COURT

Phone: 919-656-6800

Directions to job site from Lillington: RT 27 WEST TO LEFT ON
TINKEN ROAD TO LEFT ON TOWER DRIVE
TO RIGHT ON MICRO COURT

Subdivision: TINKEN PLACE

Lot: 49

Description of Proposed Work: NEW SINKIE FARM, RESIDENTIAL Bedrooms: 3

Heated SF 1784 Unheated SF 542 Finished Rec Room? YES Crawlspace 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: Yes/No

Promer Electric & Maintenance Co. Inc.

919-499-7767

Electrical Contractor's Company Name

Telephone

80 Mill Thomas Rd Lillington NC 27546

21643-0

Address

License #

[Signature]

Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work: NEW SINKIE FARM 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 Fix Cook

Baths

JAMIE JOHNSON PLUMBING

910-984-6277

Plumbing Contractor's Company Name

Telephone

1490 Clark Road, Lillington, NC

21649

Address

License #

[Signature]

Signature of Officer(s) of Corporation

Insulation Permit Information

Tri-city Building & Insulation

910-486-8855

Insulation Contractor's Company Name & Address

Telephone

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 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: AG Contracting Inc.

Sign w/Title: Rick Anthony TM

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		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
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMPROP AGG	\$ 2000000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A		EXCESSUMBRELLA 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	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 500000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 500000
		OTHER				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

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


