cach section below to be filled out by whome er performing work. Must be owner or licensed contractor. Address, company name & phone must match information on

C4-500-2171

Application #

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

SCANNED

Application for Residential Building and Trades Permit	DATE
Owner's Name: Delsh Constructing LC Date: 3/25/09	JAIE
Site Address: 74 Micro Court Phone: 919 291-2087	
Directions to job site from Lillington: 27 West go about 15 miles	
take RT on Tingen RD go 2 miles take RT on Jones	
and Lest more of	
Subdivision: The Phycy Lot: 57	
Description of Proposed Work: New 1+0mg #Bedrooms:	
Heated SF Finished Rec Room? Crawl Space (+) Slab ( )	
General Contractor Information	
Building Contractor's Company Name , Telephone	
111 mant on heather Chapel Hill 1627517 59991	
Address   ). () ()	
Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation	
Electrical Permit Information	
Description of WorkService Size:Amps TPole: yes/no	
Mx corporation 919 427 3711	
Electrical Contractor's Company Name Telephone	
6300 SUNSET LAKE RD 23035	
Address # License #	
Signature of Officer(s) of Corporation	
Mechanical/HVAC Permit Information	
Description of Work Wew Head / a.x	
Mechanical Contractor's Company Name  A 19. 231- 7793  Telephone	
1325-102 Kirkland Rd Robigh 27603 23922 Address License #	
A I	
Signature of Officer(s) of Corporation	
Plumbing Permit Information	
Description of Work# Baths	
JAMIL Johnson Plumbing 910-814-7705	
Plumbing Contractor's Company Name Telephone	
1490 Clark nd Lilling - 21649	
Address License #	
Ja Ju	
Signature of Officer(s) of Corporation	
Insulation Permit Information	
TRI-City In Sulve tion	
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 requestions)
	Do you own the land on which this building will be constructed? yesno
	Have you hired or intend to hire an individual to superintend and manage construction of the project?  yes no
	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 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 Hamett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if <u>any</u> 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 Hamett 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 \$4 per current fee schedule.
	W Wall 3/25/00
	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.
1	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: Duch construct LLC
5	Sign w/Title: LN Walk MANASA Date:

Plan Box Number 3-2

Job Name TINGEN PLACE

Date: 3-25-09

## Required Inspections for SFA/SFD

Appl. # 0950021717Valuation # | 23,381 Sq. Feet | 899

## 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
10	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	
60	Four Trade Final > 2500 Three Trade Final
60	<del></del>
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
999	One Trade Final > 2500
777	Envir. Operations Permit