FRICH RRINGU GENOM ID OF BHOG OF BA whomever performing work. Must be evoter or licensed contractor. Address, company no neitemetal dates turn enada 8 eman Itaneo.

## Application # 09-50022286

## Harnett County Central Permitting

PO 802 65 Willington, NC 27548 910-893-7525 Fax 810-893-2783 www.hamet.org/permits Application for Pasideottal Building and Trades Permit SCANNED 30/09

Telephone

Owner's Name: AQ Contracting Inc. Date: 6/29/09 919-656-6900 Site Address 128 Sand Tingen Court Directions to job site from Littington: Rt 27 West to Left on Tingen Rd. to Left on Tower Drive (Tingen Place) Right on Sandy Tingen Court Subdivision: Tingen Place Lot 66 Description of Proposed Work: New Single Family Residential #Bedrooms: 3 Heated SF 1668 Unheated SF 480 Finished Rec Rossn? YES Cravel Space (4) Stab (1) Gangral Contractor Information AQ Contracting Inc. 919-542-9893 Building Contractor's Company Name Telephone PO Box 1508, Pittsboro, NC 27312 47496 Address License # Must sign & fall out second page Signature of Owner/Contractor/Officer(a) of Corporation Electrical Permit Information Description of Work Electrical Wiring Service Size: 200 Amps TPole YES Maida Electric, LLC 910-897-6216 Electrical Contractor's Company Name Telephone 34 Eagle Road, Coats, NC 27521 23491L Address License # Signature of Officer(s) of Corporation Mechanical/HVAC Permit Information **Description of Work** New Single Family Residential **ARS / Rescue Rooter** 919-828-5147 Mechanical Contractor's Company Nume Yelephone 517 Pylor Drive, Raleigh, NC 27606 16245 Address. ioense # Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work Plumbing Per Code 2.5 # Baths 919-774-2482 Hare's Plumbing Inc. Plymbing Contractor's Company Name Telephone 19443 412 Swaringen Lane, Sanford, NC 27330 Address License # Signature of Officer(s) of Corporation Insulation Permit Information Tri City Building Insulation & Building Products 910-486-8855 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? X yes no		
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yesX no		
3. Do you intend to directly control & supervise construction activities? X yes no		
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? 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 Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
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Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  X General Contractor X 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:  X Has three (3) or more employees and has obtained workers' compensation insurance to cover them.		
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  X General Contractor X 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:		
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Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  X		

Plan Box Number 5×C-3

Job Name TINGEN PLACE

Date: 6-29-69

## Required Inspections for SFA/SFD

## 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