whome er performing work. Must be owner or licensed correlactor. Address, company name & phone must match information on license:

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

09500 22382

	Application 6		4/93 www.hamett.org/perr	mits
Owner's Name:	D Well	or Residential	Building and Trade	<u>s Permit</u>
Site Address:	CROSS ROA		- Im CLC Dat	te: 625/06
-	site from Lillington:	ias C24	Phone: <u> </u>	9-291-2087
Inhe RT	In Tingen RD		<u>50 CL</u> 506 } 10	mile
2nd Lest	\	50 2 m.	les tale R	I on Tones
Subdivision:	Me Phac	<u> </u>		
	posed Work: New		Lot:	_35
Heated SF	Unheated SF		#Be	drooms:
2011		Finished Re	c Room?	Crawl Space ( \aller )
Droglet co	in stand in	Contracto	or information	Crawl Space (+) Slab ( )
Building Contractor	's Company Name	<u> </u>	919-291-2	1087
$-\mu \mu$ (10)	tan heather	cl 1	eiebuoue	
Address		- CNAPUL	1/1 le 2757	
Signature of Owner	Company of the compan	M	liet einn 9 Eu	License #
- Swarter of Owner/	Contractor/Officer(s) of	Corporation	ust sign & fill out secon	d page
Description of Work		ctrical Permit I	nformation	
MY CORF	ORATION	Service Si	(1) vilus	TPole: yes/no
⊏lectrical Contractor's	S Company No		919 467 3	3711
_ <u>6200</u> 50N	SET LAKE	72D	lephone	
7.00,699 /\ //		(CD		23035
* Kull	0			License #
Signature of Officer(s)	of Corporation	<del></del>		
Description of Work	Mechanic	al/HVAC Perm	it Information	
11 1/1	Jear /c	ı K		
Mechanical Contractor	s Compositions & Co	oo ling	919-231-7	79.2
1325-102 X	teta 1 si		Telephone	7.73
Address	irkland Rd. R	Mych 276:	37	73922
Sime will	<b></b> _		_	License #
Signature of Officer(s) o	f Corporation	<del>_</del>		
Description of Work	<u>Plumbi</u>	na Permit Info	rmation	
JAMIL Johns	. 2/ /		# Baths	
Plumbing Contractor's Co	Ompany Name	_	910-814-7	725
1490 Clarka	1 / 1 / 1		Telephone	
Address	E-Mingh-		214	49
Ja he	****			License #
ignature of Officer(s) of (	Corporation			
Touch T		Permit Inform	ation	
sulation Contractor's Co	, a —			
sulation Contractor's Con	npany Name & Address	3	Tele	phone
			, elet	AL FOLLIE

Application #				
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)				
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?				
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 <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 Harnett County Central Permitting Department of any and all changes.				
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.				
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: D. Welsh construction CO LCC				
Sign w/Title:Date:				

Plan Box Number <u>C-3</u>

و يو د د

Job Name D. WALSH CONST.

Date: 7-23-09

Required Inspections for SFA/SFD

Appl. #  $\bigcirc$  9 500 22 382 Valuation  $\oplus$  123,381 Sq. Feet 1899

## 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
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