

whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application #  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27548  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

Owner's Name: D Walsh Construction LLC Date: 3/25/08  
Site Address: 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  
2nd Left Micro Ct  
Subdivision: Tingen Pharcy Lot: 47  
Description of Proposed Work: New Home #Bedrooms:       
Heated SF      Unheated SF      Finished Rec Room?      Crawl Space (+) Slab ( )

**General Contractor Information**

D Walsh construction LLC Telephone 919-291-2087  
Building Contractor's Company Name  
111 Mountain Heather Chapel Hill NC 27517 Address  
DJ Will License # 59991  
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

**Electrical Permit Information**

Description of Work MX CORPORATION Service Size:      Amps TPole: yes/no  
Electrical Contractor's Company Name 919 427 3711 Telephone  
6300 SUNSET LAKE RD Address 23035 License #  
\* Will Signature of Officer(s) of Corporation

**Mechanical/HVAC Permit Information**

Description of Work New Heat/Air  
Advantage Heating & cooling Mechanical Contractor's Company Name 919-231-7793 Telephone  
1325-102 Kirkland Rd. Raleigh 27603 Address 23922 License #  
\* Will Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Jamil Johnson Plumbing # Baths       
Plumbing Contractor's Company Name 910-814-7785 Telephone  
1490 Clark Rd Lillington Address 21649 License #  
Jamil Johnson Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tri-city Insulation 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.

  
\_\_\_\_\_  
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 Walsh const co LLC

Sign w/Title: Al Wall    Date: \_\_\_\_\_

CRAWL

Plan Box Number C3

Job Name D. Walsh Con.

Date: 7-6-09

Required Inspections for SFA/SFD

Appl. # 09-50022383  
Valuation 123900  
Sq. Feet ~~1195~~ 1907

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
50		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