

performing work. Must be owner
contractor. Address, company
phone must match information on

Application # 09 300 22672
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
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: 3/25/09

Site Address: _____ Phone: 919-291-2087

Directions to job site from Lillington: West go about 15 miles
take RT on Tinsler RD go 2 miles take RT on Tower
2nd Left on _____

Subdivision: Stone Pharcy Lot: 36

Description of Proposed Work: New Home #Bedrooms: _____

Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space (H) Slab () _____

General Contractor Information

D Walsh Construction LLC 919-291-2087

Building Contractor's Company Name Telephone

111 Mantson Heather Chapel Hill NC 27517 59991

Address License #

[Signature] Must sign & fill out second page

Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work MX CORPORATION Service Size: 919 427 3711 Amps TPole: yes/no

Electrical Contractor's Company Name Telephone

6300 SUNSET LAKE RD 23035

Address License #

[Signature] Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work New Heat/Air

Advantage Heating & Cooling 919-231-7793

Mechanical Contractor's Company Name Telephone

1325-102 Kirkland Rd. Raleigh 27605 23922

Address License #

[Signature] Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Jamil Johnson Plumbing # Baths _____

Plumbing Contractor's Company Name Telephone 910-814-7785

1490 Clark Rd Lillington 21649

Address License #

[Signature] Signature of Officer(s) of Corporation

Insulation Permit Information

Tri-City Insulation Telephone _____

Insulation Contractor's Company Name & Address Telephone

SCANNED
8/17/09
DATE

AUG 17 2009

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.

D. Walsh
Signature of Owner/Contractor/Officer(s) of Corporation

8/17/09
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: D Walsh Construction
Sign w/Title: D Walsh managing member Date: 7/23/09

R.P.
2

Plan Box Number A-2

Job Name TUNGEN PLACE II

Date: 8-17-09

Required Inspections for SFA/SFD

Appl. # 0950022672
Valuation \$131,763
Sq. Feet 2028

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40	<input type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60	<input type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

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