

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

Application # 09-500-23099  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCANNED  
11/16/09  
DATE

**Application for Residential Building and Trades Permit**

Owner's Name: D Walsh Construction LLC Date: 11/3/09  
Site Address: \_\_\_\_\_ Phone: 919-291-2087  
Directions to job site from Lillington: 27 West go about 15 miles  
take RT on Tinsler RD go 2 miles take RT on Tower  
2nd Left on road at  
Subdivision: Stinger Pharcy Lot: 48  
Description of Proposed Work: New Home #Bedrooms: \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space ( ) Slab ( )

**General Contractor Information**

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

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps TPole: yes/no  
MY CORPORATION 919 427 3711  
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  
1225-102 Kirkland Rd. Raleigh 27603 23922  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
JAMIL JOHNSON Plumbing 910-814-7785  
Plumbing Contractor's Company Name Telephone  
1490 Clark Rd Lillington 21649  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tri-City Insulation  
Insulation Contractor's Company Name & Address Telephone

NOV X 6 ENTD

### 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.

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

11/16/09  
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 LLC

Sign w/Title: [Signature]

Date: 11/3/09

Plan Box Number B1

Job Name Tinger Place

Date: 11-6-09

Required Inspections for SFA/SFD

Appl. # 09-50023099

Valuation 140598

Sq. Feet 2164

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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