

09 500
Application # 09-500 23352

SCANNED
2/11/09
DATE

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

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

DEC 11 ENTD

Application for Residential Building and Trades Permit

Owner's Name: D Walsh Construction Date: 12/11/09
Site Address: ct Phone: 919-291-2087
Directions to job site from Lillington: 27 West about 16 miles Take Left on Tingen RD about 1.25 mile Take left on Tower 3rd cross roads or lot left
Subdivision: Tingen Place Lot: 84
Description of Proposed Work: SFD #Bedrooms: 3
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 Mt Heather Chappell Hill NE 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 New home Service Size: _____ Amps TPole: no
mx corp 919-427-3711
Electrical Contractor's Company Name Telephone
P.O Box 596 Freedom Vance NC
Address License #
[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work HVAC New
ADvantage Heating & cooling 919-337-5824
Mechanical Contractor's Company Name Telephone
PM B 155 3434 Kildark Farm RD 23922
Address CAEY NE 27518 License #
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New water/waste # Baths 2
JAMIE JOHNSON PLUMBER 910-984-6277
Plumbing Contractor's Company Name Telephone
1490 Clark RD Lillington NC 27546 21649
Address License #
[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Tricity Insulation 910-237-0457
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]
Signature of Owner/Contractor/Officer(s) of Corporation

12/11/09
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 co LLC

Sign w/Title: [Signature] Date: 12/11/09

Plan Box Number D4

Job Name Tinger Place

*checked
12.14.09*

Date: 12.14.09

Required Inspections for SFA/SFD

Appl. # 09-50023352

Valuation 140793

Sq. Feet 2167

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20		Address Confirmation
30-999	<u>✓</u>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<u>✓</u>	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	<u>✓</u>	R* Insulation
60	<u>✓</u>	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	<u>✓</u>	Envir. Operations Permit