. Frail region objet as de rest ori br Manage defending web. Rust as emai or licered conferent. Address, company name & phone must reach information on Ikanae.

SCANNEU INLIP

Application # 2010-50024636

Hamett County Cardral Permitting
PO 800 55 Ulfraten, NC 17548
910-593-7523 Fax 810-593-2750 www.nomet.cor/permits
Application for Residential Building and Trades Permit

Owner's Nume: AQ Contracting Inc.	One	5 · 7-6-2010
•		
Site Address: 35 Micro Court 919-656-6900 Obsertions to job site from Littington: Rt 27 West to Left on Tingen Rd. to Left on Tower Drive (Tingen Place)		
	ert on Tingen Rd. to Lert on Towe	Drive (fingeri Place)
to right on Micro Court lot 51 on the left.		
Subdivision: _Tingen Place	Lot 42	
Description of Proposed Work: New Single Family Re	sidential	edrooms: 3
	hed Rec Room? NO Detractor Mornation	Crewi Space (x) Si
AQ Contracting Inc.	919-542-9893	•
Bullding Contractor's Company Name	Telephone	
PO Box 1508, Pittsboro, NC 27312	•	47496
Address	Printhings was journey but the consumer supply	License #
Well Market	Must sign & fill out sec	ond mane
Biginahura of Owner/Contractor/Odirec(v) of Corpo	asion	
	Permit Information	os TPole YES
	910-897-6216	ps (Post) 123
Maida Electric, LLC Electrica) Contractor's Company Name	Telephone	
34 Eagle Road, Coats, NC 27521	# CKC#WID119	23491L
Address	And the state of t	License #
Tromes Dolarda		Picolitics is
Eignature of Officer(s) of Corporation		
	VAC Permit Information	
Description of Work New Single Family Residential		
ARS / Rescue Rooter	919-828-5147	Control of the Contro
Mechanical Contractor's Company Name	Telaphone	
517 Pylor Drive, Raleigh, NC 27606	a and principle	16245
where he may		License @
3/1/ Cut	·	Anders of Antonian Security Control Sec.
Sprature of Officer(s) of Corporation		
	Paren Information	
Rescription of Work Plumbing Per Code	A Bo	10 2.0
are's Plumbing Inc.	919-774-2482	
Plymbing Contractor's Company Name	Valaphone	
12 Swaringen Lane, Sanford, NC_27330	•	19443
ddiess 12		License #
(b)		
agrature of Official(s) of Corporation		
	Permit Information	
i City Building Insulation & Building Products	910	-486-8855
sulation Confractor'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? X yes no			
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yesX no			
3. Do you intend to directly control & supervise construction activities? X yes no			
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?			
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 of Owner/Contractor/Officer(s) of Corporation Date			
Affidavit for Worker's Compensation N.C.G.S. 87-14			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: X 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			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: X General Contractor X 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:			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: X General Contractor X 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: X Has three (3) or more employees and has obtained workers' compensation insurance to cover them. X Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover			
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CRAW!
Plan Box Number BZ

Job Name Tingen Plece

Date: 7-12-10

Required Inspections for SFA/SFD

Appl. # 16-500 24636 Valuation / 06 098 Sq. Feet /633

1

Sequence

10		
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	
	F	