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.

Application # 1050024825

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

Application for Residential Building and Trades Permit

ANNED

Owner's Name: Dwalsh Constitut to LLC Date	9: 7/25/10 DATE
	1-291-2087
Directions to job site from Lillington: 27 west to miles to	Inea RD
Take left go 1.5 miles Turn LT Indo	Patton Poul
STRAIGHT BACK TO CUIDA SAR	
Subdivision: PARIONS POINT Lot:	83
Description of Proposed Work: New Home #Be	edrooms: 3
Heated SF Unheated SF Finished Rec Room? No	Crawl Space (YSlab ()
D Walsh Constructor ILC 919-291-3	לם ח (
Building Contractor's Company Name Telephone	
III mantan heather chapel Hill 275,	7 59991
Address /	License #
Must sign & fill out second Signature of Owner/Contractor/Officer(s) of Corporation	and page
Description of WorkService Size:Amp	a TDalayiyaalaa
Mx Corporation 919-417-	
Electrical Contractor's Company Name Telephone	7.11
DT. Box 596 Figury Unema NC 1752	13035
Address	License #
Signature of Officer(s) of Corporation	
Mechanical/HVAC Permit Information Description of Work 1 ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩	
· · · · · · · · · · · · · · · · · · ·	1-5824
Mechanical Contractor's Company Name Telephone	
PMB 155 3434-135 Kilden FALOR RD CARY NC 27518	
Address	License #
Signature of Officer(s) of Corporation	
Plumbing Permit Information p	
Description of Work RESIDENTIAL Plumbles # Bett	
Plumbing Contractor's Company Name Telephone	-5308
	1443
Address	License #
pleuspa for	
Signature of Officer(s) of Corporation Insulation Permit Information	
TR: City 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 requestions).
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?
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 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
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.
Sign w/Title: 20 Date: 7/24/10
Date: //49/10