* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 11-500-26541

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: AQ Contracting Inc.	Date: 5/19/2011	
Site Address: 15 Micro Court	Phone: 919-656-6900	
Directions to job site from Lillington: Route 27 west to left on Tingen Road to right on Micro Court - lot 41 on the left.	to left on Tower Drive (Tingen Place)	
Subdivision: Tingen Place	Lot: 41	
Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIAL		
Heated SF: 1914 Unheated SF: 423 Finished Bonus Room? Y	<u>es</u> Crawl Space: ✓ Slab:	
AQ Contracting Inc.	919-542-9893	
Building Contractor's Company Name	Telephone	
PO Box 1508, Pittsboro, NC 27312	rick@aqcontracting.com	
Address 47496	Email Address	
License #		
Electrical Contractor Informati	on ,	
Description of Work Electrical Wiring Service Size	: 200 Amps T-Pole: Yes N	
Maida Electric, LLC	910-897-6216	
Electrical Contractor's Company Name	Telephone	
34 Eagle Road, Coats, NC 27521		
Address	Email Address	
23491L		
License #		
Mechanical/HVAC Contractor Infor	mation	
Description of Work Residential HVAC		
ARS / Rescue Rooter	919-828-5147	
Mechanical Contractor's Company Name	Telephone	
517 Pylor Drive, Raleigh, NC 27606		
Address	Email Address	
16245		
License #		
Plumbing Contractor Informati		
Description of Work Plumbing per code	# Baths 2.5	
Hare's Plumbing Inc.	919-774-2482	
Plumbing Contractor's Company Name	Telephone	
412 Swaringen Lane, Sanford, NC 27330	=	
Address	Email Address	
19443		
License # Insulation Contractor Information	ion	
	910-486-8855	
Tri City Building Insulation & Building Products		
Insulation Contractor's Company Name & Address	Telephone	

*NOTE: General Contractor must fill out and sign the second page of this application.

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 (Mem	no 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 that I have obtained all listed contractors permission to obtain these permits 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.				
Cia Munale 5/19/2011				
Signature of Owner/Contractor/Officer(s) of Corporation 5/19/2011 Date				
Cia Munale 5/19/2011	S. 87-14			
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S				
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the:	Contractor or Owner	rk		
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Compensation of the	Contractor or Owner pration(s) performing the wo			
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Compensation of the	Contractor or Owner bration(s) performing the wo			
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Compensation of the	contractor or Owner oration(s) performing the wo ion insurance to cover them ensation insurance to cover	•		
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Compensation of t	contractor or Owner oration(s) performing the wo ion insurance to cover them ensation insurance to cover	•		
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Compensation of t	contractor or Owner bration(s) performing the word insurance to cover them ensation insurance to cover ers' compensation insurance to the Central Permitting compensation insurance pricompensation insurance pricate pricompensation insurance pricate pricompensation insurance pric			
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Compensation of the permit: Has three (3) or more employees and has obtained workers' compensation. Has one (1) or more subcontractors(s) and has obtained workers' compensation. 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 Department issuing the permit may require certificates of coverage of worker's to issuance of the permit and at any time during the permitted work from any permitted work from	contractor or Owner bration(s) performing the word insurance to cover them ensation insurance to cover ers' compensation insurance to the Central Permitting compensation insurance pricompensation insurance pricate pricompensation insurance pricate pricompensation insurance pric			

Plan Box Number A-3		TINGEN PLACE PHZ #41	
	Date _ 5/1	9/11	
Required Inspections for SF.	Appl # <u>/ -</u>	500-26541 152553	
	Sq Feet	2348	
Sequence		1914	
10 10	R* Bldg Footing R* Mono Slab	2348	
10-30	R* Elec Temp Service Pole		
20	Foundation Survey R* Building Foundation		
20	Address Confirmation	Slab	
30-999	Open Floor		
30-999	R* Bldg Slab Insp	Mono	
30-999	R* Elec Under Slab	0 1 1	
30-999	R*Plumb Under Slab	Crawl_/	
40	Four Trade Rough In Four Trade Rough In> 2500		
40	Three Trade Rough In		
40 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		