* 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. license:

Application # 075 0018600

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Building and Trades Permit

Owner's Name: WYNN CONTINUESTON	Date: /0 ^ / \$ - 0 7
Site Address: 36 Omaha In Brandway NE 27505 Phone:	919-426-5500 Terry Gilb
Directions to job site from Lillington: Huy 27 4	
.,'	
Subdivision: Tugen Paint	Lot:2_
Construction Type: (Please Check) Building Use: (Please C	
	Commercial Multi-Family
	·
Total Project Cost: //g 👓 Description of Proposed Work: New F	/
Heated SF WY Unheated SF Finished Rec Room? WO General Contractor Information Building Cost	Crawl Space (f) Slab.()
Www.Construction 919 52	·
Building Contractor's Company Name Telephone	
1696 Hayor Rd: Creed ower NC 27522	462 95
Address	<u>462 95</u> License #
Must sign second	page & fill out third page
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information Elec Cost \$	2000
Description of Work New Construction Service Size: 200	Amps #TPoles // 5
R.A. Jackson Electric 9/9 730 Electrical Contractor's Company Name Telephone	1251
4/4 Plue Dr Four Oaks NC 27524 Address	<u> 21144 </u>
R.A. Jacken	License #
Signature of Officer(s) of Corporation	
Mechanical Permit Information Mech Cost \$_	3600.
Description of Work New Coast on chop	# Units
Mechanical Contractor's Company Name 9/9 Telépho	329 0686
• · · · · · · · · · · · · · · · · · · ·	
1051-B Honey cutt Rd. Bonsau N.C. 27504 Address	18644
Town Stochenson	License #
Signature of Officer(s) of Corporation	
Plumbing Permit Information Plumb Cost \$	4500
	# Baths
RN (Jh: to Plumb; Ns 9/9 Plumbing Contractor's Company Name Telephon	556 6082
	16941
310 Boardus IK Dr Youngsville NC 27596 Address	License #
R.D. Whip	
Signature of Officer(s) of Corporation	
Tater Irrulation	/// 0000
nsulation Contractor's Company Name & Address	
· · · · · · · · · · · · · · · · · · ·	· O'OPTIONO

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 (Memo available upon request)		
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 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 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		

carrying out the work.

to issuance of the permit and at any time during the permitted work from any person, firm or corporation

Plan Box Number <u>E-7</u>

Job Name WYNN CONST.

Date: 10-4-07

Required Inspections for SFA/SFD

Appl. # <u>0750018</u>666 Valuation <u>\$105,124</u> Sq. Feet <u>1618</u>

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	· · · =
60	Three Trade Final > 2500 Two Trade Final
60	= ======
50	Two Trade Final > 2500
50	One Trade Final
999	One Trade Final > 2500
	Envir. Operations Permit