* 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 # 075 00 1 9 601

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Building and Trades Permit

Owner's Name: Wyww Construction Date: _/o	-18-07	
Site Address: 88 Sword Loop Broading NC 27505 Phone: 919 42	4 5500 Terry Gilbert	
Directions to job site from Lillington: 27 W		
Subdivision: Tinger Point Lot:	6	
Construction Type: (Please Check) Building Use: (Please Check)		
VNewMoved House		
Renovation Addition Other Modular Multi-Fa	mily	
Total Project Cost: 101 000 Description of Proposed Work: New Home		
Heated SF 1167 Unheated SF Finished Rec Room? NO Cr	awi Space () Slab ()	
General Contractor Information Building Cost \$ 9/000		
Wyw Construction 919 5289257		
Building Contractor's Company Name Telephone		
1696 Hayes Ad. Creedmon NC 27522	462 95	
Address	License #	
Simple Must sign second page & fill ou	ut third page	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information Elec Cost \$ 2500		
Description of Work New Conston of in Service Size: 200 Amps #TF	oles Vcs	
RA. Jackson Electric 919 730 1251		
R.A. Jackson Electrical Contractor's Company Name 919 730 1251 Telephone		
414 Place Dr Four daks NC 27524	1144	
Address	License #	
R.A. Jaylan		
Signature of Officer(s) of Corporation Mechanical Permit Information Mech Cost \$ 36 \infty		
	-	
and the same		
Mechanical Contractor's Company Name 9/9 329 to Telephone	7682	
102: 0 1/	er un	
	CG YY License #	
Town Stephenson	employees 3 do year 12.	
Signature of Officer(s) of Corporation		
Plumbing Permit Information Plumb Cost \$ 4500		
Description of Work New Construction #Baths		
RN White Plumbins 9/9 556 6 Plumbing Contractor's Company Name Telephone	082	
Plumbing Contractor's Company Name Telephone	the state of the s	
310 Boardaalk Dr Yourgsville NC 27595 169	Y /	
Address	License #	
R.D. White		
Signature of Officer(s) of Corporation		
Insulation Permit Information		
	<i>0999</i> ephone	

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 upder 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		
Have you hired or intend to hire an individual to superintend and manage construction of the project? yesno		
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?		
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 <u>any</u> 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 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: Jeff Superinfedut Date: 10-18-07		
Sign w/Title:		

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

Job Name WYNN

Date: 10-4-07

Required Inspections for SFA/SFD

Appl. # <u>075001860</u> Valuation <u>\$ 81,344</u> Sq. Feet <u>1252</u>

Sequence

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	
40	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
50	One Trade Rough In > 2500
60	R* Insulation
60	Four Trade Final
	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
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