* Each section below to be filled out by whomever performing work. Must be owner or ficensed contractor. Address, company name & phone must match information on ficense.

Application # 6750018603

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 LONSTruction	Date: 10-18-07
Site Address: ME Sword Loop Brondway NC 27505 Phone:	919 426 5560 Terry Gilbert
Directions to job site from Lillington: 27 W	4
	The state of the s
Subdivision: Trusen Paint	_Lot:
Construction Type: (Please Check) Building Use: (Please C	
New Moved House Residential Addition Other Modular	Commercial
	Multi-Family
Total Project Cost: 99 avo Description of Proposed Work: New A	tome
Heated SF / LYX Unheated SF O Finished Rec Room? No General Contractor Information Building Cost	Crawl Space () Slab ()
Wyen Construction 919 52	V21 A 1 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Building Contractor's Company Name Telephone	
1696 Hayos Rd. Creedmon NC 27522	462 35
Address	License #
Must sign second	page & fill out third page
Signature of Owner/Contractor/Officer(s) of Corporation	
Description of Work New Construction Service Size: 200	Amns #TPoles Ws
	125/
R.A. Jackson Electrical Contractor's Company Name 790 730 Electrical Contractor's Company Name Telephone	
414 Pine Dr Foundaks NC 27524	21144
Address	License #
R.A Joulson	
Signature of Officer(s) of Corporation	10
Mechanical Permit Information Mech Cost \$_	
	# Units
Stephensum Htc + Alm Mechanical Contractor's Company Name Telépho	329 0686
Address Honey cutt Rd. Bonsau N. S. 27504	18644
Town Stephenson	License #
Signature of Officer(s) of Corporation	
Plumbing Permit Information Plumb Cost \$_	4500
Description of Work New Confine the	# Baths
RN White Plumbins 9/9 Plumbing Contractor's Company Name Telepho	7 556 6082
Plumbing Contractor's Company Name Telepho	ne
310 Boardansk Dr Yoursville NC 27585	/69 <i>4</i> /
Address	License #
P.D. While	
Signature of Officer(s) of Corporation Insulation Permit Information	
Tatem Drulation	/// 4900
Insulation Contractor's Company Name & Address	Telephone

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		
Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no		
Do you intend to directly control & supervise construction activities? yes no		
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. 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: Superintedut Date: 10-18-00		

E-7	
	E-7

Required Inspections for SFA/SFD *

Appl. # 0750018603Valuation + 81.084Sq. Feet 1248

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	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 > 2502
50	One Trade Rough In > 2500 R* Insulation
60	
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
999	One Trade Final > 2500
	Envir. Operations Permit