Each se	ction below to be filled out by	
whomeve	whomever performing work. Must be owne	
	d contractor. Address, company	
name & phone must match information on license.		

Application # 075 00 /8608

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

Phone 910-893-7525 Fax 910-893-2793 www.hamett.org

Application for Building and Trades Permit

Approaudit for Danuing and Flades Ferring				
Owner's Name: Wyww Construction Date: 10-11-07				
Site Address: 145 Sword Loop Brandway NC 27505 Phone: 919 426 5120 Terry Gil				
Directions to job site from Lillington: 27 W				
Subdivision: Tingen Point Lot 21				
Construction Type: (Please Check)  Building Use: (Please Check)				
Total Project Cost: 106000 Description of Proposed Work: New Home				
Heated SF 1334 Unheated SF C Finished Rec Room? NO Crawl Space (1) Slab (1)  General Contractor Information Building Cost \$ 79 wo				
Wyaw Construction 9/9 5289257  Building Contractor's Company Name Telephone				
·				
1696 Hayer Rd. Creed num NC 27522 462 95 Address & License #				
Must sign second page & fill out third page				
Signature/of Owner/Contractor/Officer(s) of Corporation				
Description of Work New Constraint Service Size: 200 Amps #TPoles Ves				
R.A. Jackson Elochic 919 730 1251				
Electrical Contractor's Company Name Telephone				
4/4 Pine Dr Four Oaks NC 27524 2/144				
Address License #				
Signature of Officer(s) of Corporation				
Mechanical Permit Information Mech Cost \$ 3600				
Description of Work New Const melion #Units				
Stephenson Htt. +Air Mechanical Contractor's Company Name  9/9 329 068C  Teléphone				
• •				
Address License #				
Tour Stoberson				
Signature of Officer(s) of Corporation				
Plumbing Permit Information Plumb Cost \$ 4500  Description of Work New Construction # Baths				
RAWhite Plumbing 919 556 6082				
Plumbing Contractor's Company Name  Telephone				
310 Boardwalk Dr Youngsville NC 27585 16941				
License #				
R.U. C/L.Je Signature of Officer(s) of Corporation				
Insulation Permit Information				
Tater Irrulation (61 0999				
Insulation Contractor's Company Name & Address Telephone				

<b>Application</b>	#	

	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)
	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?
	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?
	yesno
	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
ſ	Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:
	Affidavit for Worker's Compensation N.C.G.S. 87-14
	Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
	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
	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:
	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
	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
	Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:
	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

Plan Box Number == 8

Job Name WYNN

Date: 10-4-07

Required Inspections for SFA/SFD

Appl. # 0 7500 18608 Valuation \$ 86, 672 Sq. Feet 1334

## Sequence

10	<b>-</b>
	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 Pough Inc. 2500
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
	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	
60	Two Trade Final > 2500
60	One Trade Final
999	One Trade Final > 2500
	Envir. Operations Permit