

* 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 # 07 506 186 30

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Wynn Construction, Inc Date: 12/8/07

Site Address: 90 LETCHER LANE Phone: 919 669-3813

Directions to job site from Lillington: Take old US421 from Lillington and turn left on Madagal and go to stop sign. Right on Adcock - Pioneer Farms on Left.

Subdivision: Pioneer Farms Lot: 20

Description of Proposed Work: New Residence #Bedrooms: 3

Heated SF 1252 Unheated SF _____ Finished Rec Room? _____ Crawl Space Slab ()

General Contractor Information

Wynn Construction Inc Telephone 919) 528-1347

Address 1696 Hayes Rd Creedmoor, NC 27522 License # 46295

Paul Pohl Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

Electrical Permit Information

Description of Work New Construction Service Size: 200 Amps TPole. yes/no

RA Jackson Electric, Inc Telephone 919 894-5367

Address 9261 Raleigh Rd Benson, NC 27504 License # 21144-5ED

Bobby Jackson Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Construction

STEPHENSON HVAC, Inc Telephone 919 329-0686

Address 343 SHIPWASH DR GARNER, NC 27529 License # 18644

Tommy Stephenson Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Construction # Baths 2

R.D. White Telephone 919 556-6082

Address 310 BOARDWALK DR Youngsville NC 27596 License # 16 941

Richard White Signature of Officer(s) of Corporation

Insulation Permit Information

Smith Insulation P.O. Box 790 Lewisburg, NC 27549 Telephone 496-3312

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? ___ 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.

Daryl F. Smith
Signature of Owner/Contractor/Officer(s) of Corporation

10/8/07
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.

Company or Name: Wynn Construction

Sign w/Title: *Daryl F. Smith* Date: 10/8/07

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not 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.

Firm Name: Wyco Construction, Inc

Sign/Title: Dan Fulle manager

Date: 10/8/07

Plan Box Number B-7

Job Name PIONEER FARMS

Date: 10-9-07

Required Inspections for SFA/SFD

Appl. # 0750018630
Valuation \$ 81,344
Sq. Feet 1252

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40	<input type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60	<input type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit