

* 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 50018631

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 Date: 10/8/07
Site Address: 50 LETCHER LANE Phone: 669-3813
Directions to job site from Lillington: TAKE OLD US421 FROM LILLINGTON AND TURN LEFT ON McDONALD AND GO TO STOP SIGN. RIGHT ON ADPOOK, PIONEER FARMS IS ON LEFT
Subdivision: PIONEER FARMS Lot: 22
Description of Proposed Work: NEW RESIDENTIAL #Bedrooms: 3
Heated SF 1248 Unheated SF 204 Finished Rec Room? NO Crawl Space Slab

General Contractor Information

Wynn Construction Inc Telephone 919 528-1347
Building Contractor's Company Name
1696 Hayes Road CROZEMORE NC 27527 License # 46295
Address

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

Electrical Permit Information

Description of Work New Construction Service Size: 200 Amps TPole yes no
RA Jackson Electric Inc Telephone 919 894-5367
Electrical Contractor's Company Name
9261 Raleigh Rd BENSON, NC 27504 License # 21144-5FD
Address
[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Construction
STEPHENSON HVAC Inc. Telephone 919 329-0686
Mechanical Contractor's Company Name
343 SHIPWASH DR GARNER, NC 27529 License # 18644
Address
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Construction # Baths 2
R. D. WHITE Telephone 919 536-6082
Plumbing Contractor's Company Name
310 BOARDWALK DR Youngsville, NC 27596 License # 16941
Address
[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Smith Insulation P.O. Box 790 Louisburg NC 27579 Telephone 919-3512
Insulation Contractor's Company Name & Address

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.

Paul J. Dobb
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: Wyaco Construction

Sign w/Title: *Paul J. Dobb* 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
- X _____ 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.

X _____ 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: Wynn Construction, Inc

Sign/Title: Paul Duff manager

Date: 10/10/07

Plan Box Number B-7

Job Name PIONEER HOMES

Date: 10-9-07

Required Inspections for SFA/SFD

Appl. # 0750018631

Valuation \$ 81,084

Sq. Feet 1248

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 checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input checked="" type="checkbox"/>	R* Elec. Under Slab
30-999	<input checked="" 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 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