\* 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 ticense.

Application # 0850019799

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: Wywn Construction Date: 5-18-08
Site Address: 160 Sward Loop, Broadwy NC 275 Phone: 919 426 5560
Directions to job site from Lillington: Hug 27 W. past Wester Hant Sub-
division 3 miles on bett
Subdivision: Tingen Rinke Lot: 10
Construction Type: (Please Check)  New Moved House Residential Commercial Renovation Addition Other Modular Multi-Family
Total Project Cost: 90000 Description of Proposed Work: 11ew Home
Heated SF 1906 Unheated SF 807 Finished Rec Room? NO Crawl Space W Slab ()  General Contractor Information Building Cost \$
WYNN CONSTRUCTION 919-528-1347
Building Contractor's Company Name  Telephone  1696 Hayes 2d- Creating NC 27522  Y6295
Address License #  Must sign second page & fill out third page
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Permit Information Elec Cost \$
Description of Work New Construction Service Size: 200 Amps #TPoles Ve S
K.A. Jackson  Electrical Contractor's Company Name  919 730 /25/ Telephone
Y/Y Pive Dr. Four Oaks NC 27524 21/44 Address License #
RA. Jackson
Signature of Officer(s) of Corporation  Mechanical Permit Information Mech Cost \$
Description of Work New Construction # Units
STATHORSON Hts. + Ain 9/9 329 0686
Mechanical Contractor's Company Name Telephone
1051 - B Honeyatt Rd. B 18644 Address License #
Tony Stylensus
Signature Officer(s) of Corporation  Plumbing Permit Information Plumb Cost \$
Description of Work New Construction #Baths 2
Vence Tithes on Houbs no 6. 910 - 424 - 67/2 Plumbing Contractor's Company Name Telephone
3242 Mid Pin Po. Forgetticille 07756-P1
Address License #
Signature of Officer(s) of Corporation  Insulation Permit Information
Tation Drouption 579 old Drug Stur Rd. 99-461 0999
Insulation Contractor's Company Name & Address Telephone
LATNO NC. 27529

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

i ne undersigned	applicant for Building Permit #	being the:
	General Contractor Owner	
	Officer/Agent of the Contractor or Owner	
Do hereby confit the work set forth	m under penalties of perjury that the person in the permit:	n(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees and compensation insurance to cover them.	has/have obtained workers'
	Has/have one (1) or more subcontractors(s) compensation insurance to cover them.	and has/have obtained workers'
	Has/have one (1) or more subcontractors(s) workers' compensation insurance covering t	
-W	Has/have not more than two (2) employees	and no subcontractors.
Department issurance prior to	the project for which this permit is sought it ting the permit may require certificates of issuance of the permit and at any time during an carrying out the work.	of coverage of worker's compensation
Firm Name: 4/y	NON CONSTRUCTION Sypriated	and a second of the second
Sign/Title:	Alto Sypriation	4
Date:		

## 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 confi the work set fort		erson(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees compensation insurance to cover them.	and has/have obtained workers'
	Has/have one (1) or more subcontractor compensation insurance to cover them.	rs(s) and has/have obtained workers'
	Has/have one (1) or more subcontractor workers' compensation insurance cover	
<del></del>	Has/have not more than two (2) employ	ees and no subcontractors.
Department iss insurance prior to	uing the permit may require certificat	that it is understood that the Central Permitting es of coverage of worker's compensation during the permitted work from any person,
Firm Name: W	KNA CONSTAGETION	
Sign/Title:	Alle Sypnian	olif
Date:	7	

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Plan Box Number A-2

Job Name WYNN CONST

Date: 5-20-08

Required Inspections for SFA/SFD

Appl. # 0950019794 Valuation \$ 91,350 Sq. Feet 1406

## 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 > 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	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
•	•