\* 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 # OFSTO 1979 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 Remit

Application for Building and Trades Permit

Owner's Name: Wyww Construction		Date: 5- 2-08
Site Address: 270 Omaha Dr. Broada	4 NC 2750 Phone:	919 4765560
Directions to job site from Lillington: Huy 2	200 go 3 miles	part Wester
Hernett Hist Sohed South A	ivision on Le	4+
Subdivision: Tinger Point		Lot: 18
Construction Type: (Please Check)	Building Use: (Please C	Check)
New Moved House Renovation Addition Other	Residential	Commercial Multi-Family
Total Project Cost: 100,000 Description of	Proposed Work: #/ew	Home /
Heated SF 136 2 Unheated SF O Fin General Contractor Info	nished Rec Room? //cormation Building Cost	) Crawl Space (*) Slab ()
Wynn Construction  Bailding Contractor's Company Name	Telephone	
1696 Hayes Rd- Credinar	NC 27522	46295
Address 7/1/1		License #
1 m/4 /		d page & fill out third page
Signature of Owner/Contractor/Officer(s) of Cor Electrical Permit Inf	poration ormation Elec Cost \$_	
Description of Work New Construction	Service Size: 200	
R.A. Jeckson	9/9 7 Telephone	30 /25/
Electrical Contractor's Company Name	Telephone	
414 Pive Dr. Four Oaks NC	27224	2//99
Address		License #
Signature of Officer(s) of Corporation	_	
Mechanical Permit Infe	ormation Mech Cost \$_	
Description of Work New Construction	/	# Units
Stephenson Hts +Ain	9/	9 329 0686
Mechanical Contractor's Company Name	Telephi	one
1051 - B Honeycutt Rol. L. Address	3	18699
Address		Licerise #
Signature of Officer(\$) of Corporation		
Plumbing Permit Info	ormation Plumb Cost \$_	
Description of Work New Construction	n	# Baths 2.
	910	1- 424-67/2
Plumbing Contractor's Company Name	Telepho	
3242 Mid Pin Ro. Fayelleci	lle	07757-P/
Address		License #
Signature of Officer(s) of Corporation		
Insulation	on Permit Information	0.0
	as Ster Rd.	919-661 0999
Insulation Contractor's Company Name & Addre	ŠS	Telephone
harner N.C. 27529		

	s must fill out this portion System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	
Signature of Officer(s) of Corporation  Fire Alarm	System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	
Address	License #	<del></del>
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tran	sportation Driveway Access/Permit? Yes	No
Homeowners Applyir Please answer the following questions then see a Permit Tec	ng to Build Their Own Home chnician to determine if you qualify for permit under Owne	ers Exemption.
Questionnaire per G.S. 87-14 Regulations as		·
1. Do you own the land on which this build	-	
2. Have you hired or intend to hire an indiv the project?	•	struction of
3. Do you intend to directly control & super	vise construction activities? yes	no
4. Do you intend to schedule, contract, or obe done?	directly pay for all phases of constructi	ion work to
5. Do you intend to personally occupy the last following completion of construction and do creates the presumption under law that you	you understand that if you do not do	
	yes	no
Sign & date		
I hereby certify that I have the authority to make ne and that the construction will conform to the regumentation codes, and the Harnett County Zoning contractors is correct as known to me and if any chabuilding and trade plans, Environmental Health permonent permonentation of the Harnett County Central	ulations in the Building, Electrical, Plumbing Ordinance. I state the information on the a anges occur including listed contractors, site nit changes or proposed use changes, I certify I Permitting Department of any and all change	and bove plan, y it is
Signature of Ewner/Contractor/Officer(s) of Corporat	ion Date	

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

The undersigne	d applicant for Building Permit #	being the:
-	General Contractor Owner	
	Officer/Agent of the Contractor or Owner	
Do hereby confi the work set fort	irm under penalties of perjury that the person(s), firm(s) th in the permit:	or corporation(s) performing
	Has/have three (3) or more employees and has/have ob compensation insurance to cover them.	tained workers'
	Has/have one (1) or more subcontractors(s) and has/have compensation insurance to cover them.	ve obtained workers'
	Has/have one (1) or more subcontractors(s) who has/ha workers' compensation insurance covering themselves.	ve their own policy of
	Has/have not more than two (2) employees and no subc	ontractors.
insurance prior to	n the project for which this permit is sought it is understoo uing the permit may require certificates of coverage to issuance of the permit and at any time during the permin carrying out the work.	of worker's compensation
Firm Name: 4/	INN Construction	
Sign/Title:	Alta Symintralit	
Date:	,	

 $C_{\text{ran}}$ Plan Box Number  $G_{2}$ 

Date: 5-5-08

Required Inspections for SFA/SFD

Appl. # 08-50019798 Valuation 122796 Sq. Feet

## Sequence

10	R* Bldg. Footing
10-30	R* Flee Town G
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	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	Iwo 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	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	
	Envir. Operations Permit