* 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 # 08500 200 73

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: Wynn (ONSTruchon Date: S-21-0)
Site Address: AD Commun Pines Dr. Santon NC 2733 Phone: 919 426-5560
Directions to job site from Lillington: 27w Turn left and Batfalux Laker Rd.
Subdivision I mile on 1. It
Subdivision: Canerus Pines Lot: //
Construction Type: (Please Check) Building Use: (Please Check) New Moved House Residential Commercial Renovation Addition Other Modular Multi-Family
Total Project Cost: 14000 Description of Proposed Work: New Home
Hèated SF 1695 Unheated SF 3/1 Finished Rec Room? No Crawl Space (Slab () General Contractor Information Building Cost \$
Wynn Construction 919-525-1347 Bailding Contractor's Company Name Telephone
1/2/2/ 2/2 : 1/2/2
Address Address Ld. Creatner NC 27522 Y6295 License #
Must sign second page & fill out third page
Signature of Owner/Contractor/Officer(s) of Corporation
Description of Work New Cokstructure Service Size: 200 Amps #TPoles Ve S
K-A-V4-K56N Electrical Contractor's Company Name 9/9 730 /25/ Telephone
414 Pine Dr. Four Oaks NC 27524 21144
Address License #
RA. Jackson
Signature of Officer(s) of Corporation Mechanical Permit Information Mech Cost \$
Description of Work New Construction # Units
Mechanical Contractor's Company Name Telephone
1051 - B Honeyett Rd. B 18644
Address License #
Tony St showson
Signature POfficer(s) of Corporation Plumbing Permit Information Plumb Cost \$
Description of Work New Construction #Baths 2
Plumbing Contractor's Company Name 910- 424-67/2 Telephone
3242 Mid Pin Ro. Forgettecille 07756-P1
Address License #
Signature of Officer(s) of Corporation
Insulation Permit Information
Tation Unsuprison ST9 Old Drug Star Rd. 919-661 0999
Insulation Contractor's Company Name & Address Telephone
Garner MC. 27529

Commercial Jo Sprinkle	obs must fill out this portion or System Information		
Sprinkler Contractor's Company Name	Contact & Telephone		
Address	License #		
Signature of Officer(s) of Corporation Fire Alarr	m System Information		
Fire Alarm Contractor's Company Name	Contact & Telephone		
Address	License #		
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tre	ansportation Driveway Access/Permit? You	es No	
Homeowners Apply Please answer the following questions then see a Permit 1	ring to Build Their Own Home	Owners Exemption	
Questionnaire per G.S. 87-14 Regulations a		·	
1. Do you own the land on which this bui			
2. Have you hired or intend to hire an ind			
the project?	_	s no	
3. Do you intend to directly control & sup	ervise construction activities? ye	es no	
4. Do you intend to schedule, contract, o be done?	r directly pay for all phases of constr ve		
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?			
	ye	s no	
Sign & date			
I hereby certify that I have the authority to make and that the construction will conform to the re Mechanical codes, and the Harnett County Zonir	gulations in the Building, Electrical, Plum	bing and	
contractors is correct as known to me and if <u>any</u> of building and trade plans, Environmental Health permy responsibility to notify the Harnett County Cent	changes occur including listed contractors, ermit changes or proposed use changes. I d	site plan, entify it is	

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

The undersign	ned applicant for Building Permit #	being the:
· · · · · · · · · · · · · · · · · · ·	General Contractor	
	Owner Officer/Agent of the Contractor or Owner	•
Do hereby co	infirm under penalties of perjury that the person(sorth in the permit:	s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees and has compensation insurance to cover them.	s/have obtained workers'
	Has/have one (1) or more subcontractors(s) ar compensation insurance to cover them.	nd has/have obtained workers'
	Has/have one (1) or more subcontractors(s) who workers' compensation insurance covering the	no has/have their own policy of mselves.
	Has/have not more than two (2) employees and	d no subcontractors.
Department is insurance prior	on the project for which this permit is sought it is ssuing the permit may require certificates of r to issuance of the permit and at any time during ation carrying out the work.	coverage of worker's compensation
Firm Name:	UKWA CONSTAGETION	
Sign/Title:	filth Symiated t	
Date:	121-08	

Craul

Plan Box Number_	AA)	3
------------------	-----	---

Job Name Wynn

Date: 5-25-08

Required Inspections for SFA/SFD

Appl. # 08-50020873 Valuation # 236490 Sq. Feet 3648

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	
40	Four Trade Rough In
10	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
50	One Trade Rough In > 2500
60	R* Insulation
60	Four Trade Final
	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
50	One Trade Final > 2500
)99	Envir. Operations Permit