* 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 # 08570 20074

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 Construction 52 TUNIC 27/10 Phone: 919 416 5160 Directions to job site from Lillington: 27 w Turn onto Baffalue Laker Rd. Subdivision In Subdivision: Canasan Dunes Construction Type: (Please Check) Building Use: (Please Check) __ Moved House New Residential Commercial Renovation Addition Other Modular Multi-Family Total Project Cost: //owo Description of Proposed Work: 1/ew Home Heated SF 1637 Unheated SF 1203 _ Finished Rec Room? NO Crawl Space () Slab () General Contractor Information Building Cost \$ Wyww.Construction

Bailding Contractor's Company Name 1696 Hayos Rd. Credina NC Address_ 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 Yes K.A. Jackson <u>9/9 730</u> Telephone **Electrical Contractor's Company Name** Dr. Four Oaks NC Address achsen Signature of Officer(s) of Corporation **Mechanical Permit Information** Mech Cost \$ Description of Work # Units 1 my Signature of Officer(s) of Corporation Plumbing Permit Information Plumb Cost \$ Description of Work New Construction # Baths Vonce Tihnson Plants - o G Plumbing Contractor's Company Name 3242 Mid Pin Ro. Forgetherille Signature of Officer(s) of Corporation Insulation Permit Information Insulation Contractor's Company Name & Address arner N.C. 27529

	bs must fill out this portion r System information	
Sprinkler Contractor's Company Name	Contact & Telephone	·Berriade lander de la constante la constant
Address	License #	
Signature of Officer(s) of Corporation Fire Alarn	n 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 Tra	insportation Driveway Access/Permit?	es No
Homeowners Apply Please answer the following questions then see a Permit T	ing to Build Their Own Home	Owners Exemption
Questionnaire per G.S. 87-14 Regulations as		
1. Do you own the land on which this buil		
2. Have you hired or intend to hire an ind the project?	ividual to superintend and manage	
Do you intend to directly control & superior and the	 •	
4. Do you intend to schedule, contract, or be done?		
	•	esno
Do you intend to personally occupy the following completion of construction and d creates the presumption under law that yo	o you understand that if you do not	e months do so, it
·	ує	esno
Sign & date		
I hereby certify that I have the authority to make reand that the construction will conform to the ream Mechanical codes, and the Harnett County Zoning contractors is correct as known to me and if any coulding and trade plans, Environmental Health permy responsibility to notify the Harnett County Central	gulations in the Building, Electrical, Plun g Ordinance. I state the information on hanges occur including listed contractors, mit changes or proposed use changes, I al Permitting Department of any and all ch	nbing and the above site plan, certify it is
Signature of Owner/Contractor/Officer(s) of Corpora	etion Date	

Application # OSSW 200 7 V

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

rne undersigne	ed applicant for Building Permit #	being the:
	_ General Contractor Owner	
	Officer/Agent of the Contractor or Owner	
Do hereby cont the work set for	firm under penalties of perjury that the pers th in the permit:	on(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) who has/have their own policy of themselves.
	Has/have not more than two (2) employees	and no subcontractors.
Department iss insurance prior	on the project for which this permit is sought in suing the permit may require certificates to issuance of the permit and at any time do on carrying out the work.	of coverage of worker's compensation
Firm Name: W	YNN CONSTRUCTION	
Sign/Title:	flora Symiated	<i></i>
Date: 5	2808	

Plan Box Number An-13

Job Name WYNN CONST,

Date: 9 - 13 - 89

Required Inspections for SFA/SFD

Appl. # 08500 20074 Valuation \$ 163, 210 Sq. Feet 2512

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
	operations t critit