\* 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.

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tion below to be filled out by performing work. Must be owner contractor. Address, company one must match information on	Application # 08 500 204  Harnett County Central Permitting PO Box 65 Lillington, NC 27546
wie must match intomation on	Phone 910-893-7525 Fax 910-893-2793 www.harnett.org Application for Building and Trades Permit
wner's Name: Wynn (0)	
	U L-11-11 NC 27545 Phone: 919 426 5360
rections to job site from Lillin	geon: Take Mc Daugald Rd From L. Hington Terro
	k Sabd-Visia on Left
ubdivision: Piurer fa	
onstruction Type: (Please Che New Moved How Addition	use Residential Commercial
otal Project Cost: 9000	Description of Proposed Work: New Home
eated SF 1362 Unheated	d SF _O Finished Rec Room? _NO Crawl Space (x) Slab ( )  I Contractor Information Building Cost \$
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ailding Contractor's Company	Name Telephone
1696 Hayes Rd- CA	reduce NC 27522 46295
ddress ///	License #
ignature of Owner/Contractor	
escription of Work New Co	Service Size: 200 Amps #TPoles VES
P.A. Jackson	9/9 730 /25/ ny Name Telephone
lectrical Contractor's Compan	
	Oaks NC 27524 21144
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Page 1 of 3

7/07

		Date: 42 010k
Sign w/Title:	1400 Tistas	DateDate
770		Date: <u>07 0708</u>

Plan Box Number AA3

Job Name Wynn Canot

Date: \_\_\_\_\_ \ ( | - \( \) \( \)

## Required Inspections for SFA/SFD

Appl. # 08-50 20485 Valuation 101485 Sq. Feet 1562

## Sequence

10	
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
10	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	
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit

\* 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.

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ection below to be filled out by er performing work. Must be owner ed contractor. Address, company phone must match information on	Application # S 506 2  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	<u> 204                                   </u>
Owner's Name: Wynn Con	nstruction Date: 07 07 07	
Site Address: 105 Letcher La	N L. 11. mpt NC 27545 Phone: 919 426 5560	
Directions to job site from Lilling	ngton: Take Me Daugald Rd Evan Lillington Terr	
right onto Adour	k Sebd-Visia on Left	
Subdivision: Pivrur Fa	Lot: 6	
Construction Type: (Please Che New Moved Hou Renovation Addition		
Total Project Cost: 9000	Description of Proposed Work: 1/ew Home	,
Heated SF 1362 Unheated	ed SF <u>O</u> Finished Rec Room? <u>NO</u> Crawl Space W Sla	ab ( )
WYNNCONSTraction		
Bailding Contractor's Company		
Address	redna NC 27522 46295	
TrollA	Must sign second page & fill out third page	
Signature of Owner/Contractor/	r/Officer(s) of Corporation	
Description of Work New Co	Structure Service Size: 200 Amps #TPoles 125	
R.A. Jackson	919 730 1251	
Electrical Contractor's Compan	ny Name Telephone	
414 Pive Dr. Four	Oaks NC 27524 21/44	
Address	License #	
Signature of Officer(s) of Corpo		
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Address Honeya	18644   18644	
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Signature Officer(s) of Corpo	oration abing Permit Information Plumb Cost \$	
Description of Work New C	Construction # Baths 2	
Vonce Tihnson Hunbs Plumbing Contractor's Compan	910-424-67/2	
Address	Forgette 07757-P1 License #	
Vonce Jehon	<del></del> .	
Signature of Officer(s) of Corpo	Insulation Permit Information	
Tation Droubstion.	579 Old Drey Stir Rd. 919-46/ 0999	<b>&gt;</b>
Insulation Contractor's Compan	ny Name & Address Telephone	
Larver N.C. 275	' <i>\mathcal{I}</i>	

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)
Do you own the land on which this building will be constructed? yesno
Have you hired or intend to hire an individual to superintend and manage construction of the project?  yes no
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?
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? yesno
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 <u>any</u> 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.
07 07 9
Signature of Owner/Contractor/Officer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14
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
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:
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.
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the: General ContractorOwnerOfficer/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.
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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.
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the: General ContractorOwnerOfficer/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

Application #\_\_\_\_

Plan Box Number AM3

Job Name Wynn Carof

Date: \_\_\_\_\_\_

## Required Inspections for SFA/SFD

Appl. # 08-00 20485
Valuation 101485
Sq. Feet 1562

## Sequence

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