* 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

W-1.	•			
			00 1-060 al	0)
ection below to be filled out by or performing work. Must be owner ed contractor. Address, company	Harnett County Cen PO Box 65 Lillingto	itral Permitting	09500204	86
phone must match information on	Phone 910-893-7525 Fax 910-8 Application for Building	193-2793 www.harnett.org		
Owner's Name: Wyww Con	struction	Date: _	07-07-08	
Site Address: 170 Letcher L	u Lillington NC 27	1575 Phone: 919	426 5360	
Directions to job site from Lilling	gton: Take McDausdd	110 to Adeve	k turn right	
orto Adrack Sahd	increa on Left			
Subdivision: <u>Muneer Fact</u>	<u>45</u>	Lot:	16	
Construction Type: (Please Ch		Jse: (Please Check)		
New Moved Hou Renovation Addition			nmercial i-Family	
Total Project Cost: 90000	Description of Proposed V		·	
Heated SF /268 Unheated				
General	Contractor Information	Building Cost \$	Olawi Spaces() Slab ()	
WYNN CONSTraction		919-528-13	47	
Building Contractor's Company	-	elephone	46295	
Address	Carpe 100	7522	License #	
INMA	M	lust sign second page & t	fill out third page	
Signature of Owner/Contractor/	Officer(s) of Corporation trical Permit Information	Flec Cost \$		
Description of Work New Co	Service S	ize: 200 Amps	#TPoles YeS	
K.A. Jeckson		9/9 730 / elephone	1251	
Electrical Contractor's Compan YIY Pive Dr. Four			0 11 11 11	
Address	DURITY C 1/3	<u> </u>	License #	
RA. Jackson				
	nical Permit Information	Mech Cost \$		
Description of Work New Co	netru esian	# Units_		
Stanhors w ##s +A; Mechanical Contractor's Compa	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9/9 32 Telephone	29 0686	
	HRO B	relephone	18644	
1051 - B Honeya Address		VIII. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	License #	
Signature Officer(s) of Corpo	<u> </u>			
Signature POfficer(s) of Corpo Plumi	ration <u>ping Permit Information</u> P	Plumb Cost \$		
Description of Work New C		# Baths		
Vance Tihnson Hunbs Plumbing Contractor's Company	· 6.	910-42	4-67/2	
Plumbing Contractor's Company	/ Name	Telephone		
3242 Mid Pin Ro. Address	Tayetten 16		757 - P / License #	
Signature of Officer(s) of Corpor		mda ad ^a - ·		
The Thrukky	Insulation Permit I	niormation 915	-661 0999	
nsulation Contractor's Company	\$ 19 010 Dng, Stur.) y Name & Address	<u></u>	Telephone	
Garner N.C. 275	29		•	

Dame 4 of 5

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 reques
Do you own the land on which this building will be constructed?
2. Have you hired or intend to hire an individual to superintend and manage construction of the 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 yes no
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 any 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. Signature of Owner/Contractor/Officer(s) of Corporation Date
Signature of Owner Contractor Cines (C) C C C
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 worl 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 pric to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.
Company or Name: Wy M Construction Sign w/Title: Date: 07 02 %
Date: 07 02 A

Application #_____

	Plan	Box	Number	Ar	H13
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Job Name	Wyma Poust.
Date:	

Required Inspections for SFA/SFD

Appl. #08-500 206 Valuation 8 134 Sq. Feet 1252

Sequence

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* Bidg. 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	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