* 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

,				_	,
section below to be filled out by ver performing work. Must be owner sed contractor. Address, company phone must match information on	PO Box Phone 910-893-7525	Apounty Central Permitt 65 Lillington, NC 27546 Fax 910-893-2793 www Building and Trade	ting .hamett.org	08500	20487
Owner's Name: Wynn Con				70708	
Site Address: 130/efrha /	w. L. Honda	16 27845 Pho			0
Directions to job site from Lilling	gton: Take Mcl	Day cald And to	or 4:1/	inder tura	•
night onto Adrack	Subdivisi	n or Lett	*·*·		
Subdivision: Promper Fa			Lot:	18	
Construction Type: (Please Ch		Building Use: (Pleas	e Check)		
New Moved Hou Renovation Addition		Residential Modular	Comn Multi-	nercial Formita	
				ramily	
Total Project Cost: 9000		•			
Heated SF /32 Unheated	d SF Finis	shed Rec Room? <u> </u>	YCU I	Crawi Space	Slab ()
WYNN Construction			728-134	7	
Bailding Contractor's Company	Name	Telephone			
1696 Hayes Rd. Cr	edlad 1	NC 27522) 	46295	
Address				License #	
Signature of Owner/Contractor/	Officer(s) of Corpo	Must sign sec oration	ond page & fill	out third page	
Elec	trical Permit Infor	mation Elec Cost	\$		
Description of Work New Co		2.0		<u>.</u>	
K.A.V. e.K.S&N Electrical Contractor's Compan	y Name	<u>7/9</u> Telephone	730 /	<u> </u>	
414 Pive Dr. Four		•		21144	
Address	•			License #	
Signature of Officer(s) of Corpo	ration				
•		mation Mech Cost	\$		
Description of Work New Co	water dian		# Units		
Staphenson Hts +A	<u>^</u>	_9	19 32	7 0686	
Mechanical Contractor's Compi	any Name	Tele	phone	, , , , , , ,	
1051 - B Honeya	MRO P	·		// 499 License #	
Tom Stepenson	w				
Signature of Officer(\$) of Corpo	ration		_		
	_	nation Plumb Cost		_	
Description of Work New C			# Baths		
Plumbing Contractor's Company	y Name	Teler	phone	-6//2	
3242 Mid Pin Ro.	4 4		077	52-P1	
Address				License #	
Signature of Officer(s) of Corpor	ration				
_ / Securios (a) or corpor		Permit Information	مم!		
Tetra Shreption	579 010 Ones	Storke.		461 099	9
Insulation Contractor's Company		3	T	elephone	,
120110- 1-10. 210	- /				

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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 requestions).
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
3. Do you intend to directly control & supervise construction activities?yesno
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to beyesno
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
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 workset 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 pri 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: Wym Construction Sign w/Title:
Date: 07 02 1

Application #_

Plan	Box	Number	DA	13
			/ 🗸 / 🚶	1

Job Name Jym Const.

Date: 7-11-08

Required Inspections for SFA/SFD

Appl. # <u>08-500204</u>87 Valuation <u>84982</u> Sq. Feet <u>1308</u>

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
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
6 0	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