\* 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 205 16

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: Wyww Construction	Date: 05 - 25-05	
Site Address: 56 Sward Loop Breadery NC 27505 Phone:		
Directions to job site from Lillington: 27w. go 3m. Lr gost W Hent Hosh		
School 3, bd. vis. a a Left		
Subdivision: To User At.	_Lot:	
Construction Type: (Please Check)  New Moved House Residential Renovation Addition Other Modular	heck)CommercialMulti-Family	
Total Project Cost: 12500 Description of Proposed Work:	•	
Heated SF 1362 Unheated SF Finished Rec Room? //	Crawl Space ( ) Slab ( )	
General Contractor Information Building Cost		
	8-1347	
Bailding Contractor's Company Name Telephone  1696 Hages Rd- Creating NC 27522	46295	
Address 1111	License #	
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 Collstradium Service Size: 200	Amps #TPoles YeS	
K.A. Jackson 919 7	30 /25/	
_ , , =		
414 Pive Dr. Four Oaks NC 27524 Address	2// 44	
RA. Jackson	LICEUSE #	
Signature of Officer(s) of Corporation		
Mechanical Permit Information Mech Cost \$_		
Description of Work New Construction	# Units	
Staphenson Hts +Ain 9/9	7 329 0686	
Mechanical Contractor's Company Name Telepho	one . Note that	
1051-B Honeycett Rd. B	Jirense #	
_Tony Stylenson	License #	
Signature of Officer(s) of Corporation		
Plumbing Permit Information Plumb Cost \$		
Description of Work New Canetrudien	# Baths 2	
Plumbing Contractor's Company Name Telepho	ne 424-67/2	
3242 Mid Pino Ro. Forgetterille	07757-P1	
Address	License #	
Signature of Officer(s) of Corporation		
insulation Permit Information	96	
Insulation Contractor's Company Name & Address	919-461 0999 Telephone	
Larner MC. 27529	i dichi idila	

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?  yes no		
Have you hired or intend to hire an individual to superintend and manage construction of the project?  yes no		
3. 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?yesno		
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.		
1/1/A		
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 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.		
lehaul de Tin		
Company or Name: Wy M Construction  Sign w/Title:		

Plan Box Number AA-1

Job Name <u>WYNN</u>

Date: <u>8-25-</u>28

Required Inspections for SFA/SFD

Appl. # 08 500 205 K Valuation # 122, 797 Sq. Feet 1898

## 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	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
50	Two Trade Final
50	Two Trade Final > 2500
50	One Trade Final
50	One Trade Final > 2500
999	
	Envir. Operations Permit