

* 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 # _____
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 Date: 7-28-08

Site Address: 491 Omaha Dr. Lillington NC 27555 Phone: 919 426 5560

Directions to job site from Lillington: Take 27W go 3 miles past W. Harnett subdivision on left

Subdivision: Tingen Pointe Lot: 58

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: 125000 Description of Proposed Work: New Home

Heated SF 1387 Unheated SF 0 Finished Rec Room? NO Crawl Space () Slab ()

Wynn Construction Building Contractor's Company Name Building Cost \$ _____
919-528-1347 Telephone

1696 Hayes Rd. Creedmoor NC 27522 Address 46295 License #
[Signature] Signature of Owner/Contractor/Officer(s) of Corporation

Must sign second page & fill out third page

[Signature] Signature of Owner/Contractor/Officer(s) of Corporation
Electrical Permit Information Elec Cost \$ _____

Description of Work New Construction Service Size: 200 Amps #TPoles YES

RA. Jackson Electrical Contractor's Company Name Telephone 919 730 1251

414 Pine Dr. Four Oaks NC 27524 Address 21144 License #

RA. Jackson Signature of Officer(s) of Corporation

Mechanical Permit Information Mech Cost \$ _____

Description of Work New Construction # Units _____

Stephenson Htg & Air Mechanical Contractor's Company Name Telephone 919 329 0686

1051-B Honeycutt Rd. B Address 18644 License #

Tom Stephenson Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ _____

Description of Work New Construction # Baths 2

Vance Johnson Plumbing Co. Plumbing Contractor's Company Name Telephone 910-424-6712

3242 Mid Pine Rd. Fayetteville Address 07752-P1 License #

Vance Johnson Signature of Officer(s) of Corporation

Insulation Permit Information

Fatem Insulation 519 Old Dory St. Rd. Insulation Contractor's Company Name & Address Telephone 919-661-0999

Garner NC. 27529

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)

1. Do you own the land on which this building will be constructed? yes no
2. 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? 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? yes no

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]
Signature of Owner/Contractor/Officer(s) of Corporation

7-22-08
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.

Company or Name: Wynn Construction

Sign w/Title: [Signature] Superintendent Date: 7-22-08

