

* 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: 7-27-08

Site Address: 532 Onaka Drive Drood NC 27525 Phone: 919 426 5560

Directions to job site from Lillington: Take Hwy 29 W 90.3 miles past W. Harnett High School Subdivision on Left

Subdivision: Tinge Pointe Lot: 60

Construction Type: (Please Check)
 New Moved House
 Renovation Addition Other

Building Use: (Please Check)
 Residential Commercial
 Modular Multi-Family

Total Project Cost: 120000 Description of Proposed Work: New Home

Heated SF 1264 Unheated SF 0 Finished Rec Room? NO Crawl Space (w/ Slab) ()

General Contractor Information

Building Cost \$ _____

Wynn Construction
Building Contractor's Company Name

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

Electrical Permit Information

Elec Cost \$ _____

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

R.A. Jackson
Electrical Contractor's Company Name

919 730 1251
Telephone

414 Pine Dr. Four Oaks NC 27524
Address

21144
License #

R.A. Jackson
Signature of Officer(s) of Corporation

Mechanical Permit Information

Mech Cost \$ _____

Description of Work New Construction # Units _____

Stephenson Hts & Air
Mechanical Contractor's Company Name

919 329 0686
Telephone

1051-B Harnett Rd. B
Address

18644
License #

Tommy Stephenson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Plumb Cost \$ _____

Description of Work New Construction # Baths 2

Vence Johnson Plumbing Co.
Plumbing Contractor's Company Name

910-424-6712
Telephone

3242 Mid Pine Rd. Fayetteville
Address

07752-P1
License #

Vence Johnson
Signature of Officer(s) of Corporation

Insulation Permit Information

Tatum Insulation 579 Old Dunes Blvd.
Insulation Contractor's Company Name & Address

919-661-0999
Telephone

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

7-28-04
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 Contractor

Sign w/Title: [Signature] Superintendent Date: 7-28-04

