* 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

ection below to be filled out by]		Application	# 08 5	0020	2695
er performing work. Must be owner ed contractor. Address, company phone must match information on	PO 86 Phone 910-893-75		Permitting	g		
Owner's Name: Woun Con	struction		Date	08-06	-087	
Site Address:				19426		
Directions to job site from Lillin	aton: Taket	- 27W	_ +*.		1.)	
Mount Mish Sel	wal Saba	Caissa Sa	a late	2 / 3/3		
Subdivision: Times	Parite	· VI JICA	Lot:	38		
		5 " " "				
Construction Type: (Please Cl		Residenti	: (Please Check) Commercial		
Renovation Addition		Modular		fulti-Family		
Total Brainet Costs // Acuta	Description of		· · · · · · · · · · · · · · · ·	•		
Total Project Cost: 160,000.			•			
11 / 4 /	Contractor Info	ormation Bu	ilding Cost \$		pace (7) Slab ()
WYNN CONSTraction			19-528-1	347		
Building Contractor's Company			phone		<u>س. بر</u>	
Address Address	MA	NC 27	JZZ	Y6 Z	73	
TAMA		k di sad			-	
Signature of Owner/Contractor	/Officer(s) of Cor	poration	sign second page	e & THE OUT THEFE	page	
Description of Work New Co	MS ruggar	_Service Size:	200 Amp	s #TPoles_	125	
R.A. Teckson Electrical Contractor's Compan	_		9/9 730 phone	1251		
414 Pive Dr. Four		2752		2//4	<u>'4</u>	
Address RA. Jackson		_		Licens	e#	
Signature of Officer(s) of Corpo <u>Mecha</u>	eration I <mark>nical Permit Inf</mark>	ormation Me	ch Cost \$	·		
Description of Work New Co	enstruction	<u> </u>	# Uni	ts		
Standard Hts +A. Mechanical Contractor's Comp	any Name	_	9/9 Telephone	329 06	F6	
1051 - B Honey	MRD F	7	·	1864	14	
Address				Licens	se #	
Signature Officer(\$) of Corpo	ration bing Permit Info	- rmation Plun	nb Cost \$			
Description of Work New (Canstruds		# Ba	ths <u>2</u>	,,,,	
Vonce Johnson Hunbs Plumbing Contractor's Company	y Name	-	910 - 9 Telephone	124-67/	2	
32 Yr Mid Pin Ro. Address	forgettici	lle		7757 - P Licens		
Vonce Ochser Signature of Officer(s) of Corpo	ration					
		n Permit Info	rmation			
Tating Drought on Insulation Contractor's Company	579 0100m	or Stor Ro	, 9	19-46/ Telephone	0999	
Larner MC. 275		99		, archi lout	,	

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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? yesno
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?
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? 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 work set forth in the permit:
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.
set forth in the permit:
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
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.
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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.
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 print to issuance of the permit and at any time during the permitted work from any person, firm or corporation

Application #___

4/08

Plan Box Number A A - 13

Job Name WYNN CONSTRUCTION

Date: 8-11-08

Required Inspections for SFA/SFD

Appl. # 08500 20695 Valuation # 128, 319 Sq. Feet 1975

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
40	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
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
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