\$10/02/8 C/18,18,0

\* 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.

SCANNED 8/21/08	_
DATE	

Application # 08 50020780

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	8-11-08
Site Address: 168 Juno Dr. Bruaday WC 27505 Phone: 919	
Directions to job site from Lillington: Take Hug 27 Wood 90 3	miles past
Degla Hand Hot Schell Jabobulsia on	Let
Subdivision: Tonsa Odense Lot:	48
	ommercial ulti-Family
Total Project Cost: 1/7000 Description of Proposed Work: 1/200 Hom	e
	Crawl Space () Slab ()
WYNIN CONSTruction 919-528-1	347
Bailding Contractor's Company Name Telephone	The second secon
Address 111	<u>Y6295</u> License#
Signature of Owner/Contractor/Officer(s) of Corporation	& fill out third page
Description of Work New Construction Service Size: Amps	#TPoles YeS
R.A. Jackson 919 730	4
Electrical Contractor's Company Name Telephone	
414 Pive Dr. Four Oaks NC 27524 Address	21/44
RA. Jackson	License #
Signature of Officer(s) of Corporation	
Mechanical Permit Information Mech Cost \$	normal to resident of many star
Description of Work New Construction # Unit	
Mechanical Contractor's Company Name 7/9 3 Telephone	29 0686
1051 - B Honeyett Rd. B	Wille
Address	10479
Tom Staberson	
Signature of Officer(\$) of Corporation  Plumbing Permit Information Plumb Cost \$	
Description of Work New Construction # Batt	ns <u>2</u>
Von (E Tihnson Hunbs-a 6. 910 - 4. Plumbing Contractor's Company Name Telephone	24-67/2
3242 Mid Pin Ro. Jayaffecille 05	7757-91
Nonce Jehser	License #
Signature at Officer(s) of Corporation	
7 th Double Consultation Permit Information 9	Rullann.
nsulation Contractor's Company Name & Address	9-661 0999
Larner MC. 27529	Telephone

D--- 4 -6 7

## Affidavit for Worker's Compensation N.C.G.S. 87-14

ine undersigned	applicant for Building Permit # being the:
<del></del>	General Contractor
	Owner
	Officer/Agent of the Contractor or Owner
Do hereby confit the work set forth	rm under penalties of perjury that the person(s), firm(s) or corporation(s) performing in the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
	Has/have not more than two (2) employees and no subcontractors.
Department issuinsurance prior to	the project for which this permit is sought it is understood that the Central Permitting uing the permit may require certificates of coverage of worker's compensation issuance of the permit and at any time during the permitted work from any person, in carrying out the work.
Firm Name: 4	eun Construction
Sign/Title:	Alta Symiations
Date: 08	1806

Plan Box Number\_

Job Name WYNN CONST

Date: 8-21-08

Required Inspections for SFA/SFD

Appl. # 08500 20780 Valuation \$34 Sq. Feet\_

## Sequence