Application # 08-500-20923

\* 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.

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits
Owner's Name: Wynn Construction Date: 2/19/10
Site Address: 101 JAYCIN BLYD Phone:
on Ray Rd. Turn Left on Creek ville Church Rd.
on Kay Rd. Turn Left on Creek wille Church Rd
Subdivisio on Left
Subdivision:
Description of Proposed Work: New Home #Bedrooms: 2
Heated SF 1686 Unheated SE Sisishad S
. General Contractor Information
Building Contractor's Company Name
2570 Cap. 101 Dr. Sy. to 105 (needpoor NC 2752) 46295
License #
Signature of Owner/Contractor/Officer(s) of Corporation  Must sign & fill out second page
Si con paration
Service Size
B.A Jackson Electric Gerice Size:Amps The Pestido
Telephone Telephone
Address 21144
R.A. Oachia
Signature of Officer(s) of Corporation
Mechanical/HVAC Permit Information
Description of Work New Construction
Stephenson Http + Ariv 919 329 0686
Telephone Telephone
3/3 5/10 pugsh Po Gorne NC 27529
Address License #
- (Neg ) Tok Lee Cun
Signature of Officer(s) of Corporation
Plumbing Permit Information  Description of Work Man Control
Description of Work New Construction # Baths  Vance Johnson Plumbia: # Baths  Plumbing Contractor's Company Name   Telephone
Plumbing Contractor's Company Name 910 424 67/2
32 42 Mid Qi vo R4. Fundth will NC 07756 - P1
Van Akula License #
Signature of Officer(s) of Corporation
Insulation Permit Information
Tatan Tura latean 51901d Drug Sten Rd. Grann NC 27529 919-661-0 Insulation Contractor's Company Name & Address Telephone
Telephone

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)	st)
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	
yesno	
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 beyes 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.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.	
2/11/12	
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:	
The Lines applicant being tile.	
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	
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 carrying out the work.	
Sign w/Title: Supio Date: 2/19/10	
Sign w/Title: Date: 3/19/10	

## Plan Box Number AA-13

Job Name Jaylin CAKS #8

Date: 2.15-2010

## Required Inspections for SFA/SFD

Appl. # 08-50020923
Valuation #153,723
Sq. Feet 2366

## 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