* 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 #	20924
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Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.hamett.org/permits **Application for Residential Building and Trades Permit** Owner's Name: Wynn Construction Site Address: Phone: Directions to job site from Lillington: Lot: Description of Proposed Work: New _#Bedrooms: Heated SF _____ Unheated SF Finished Rec Room? Crawl Space () Slab () General Contractor Information WYNN CONSTRUCTION **Building Contractor's Company Name** Telephone Cap. tol Dr. Suite 105 Creedman NC 27522 Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Description of Work New Hon Service Size: _ Amps TPole: Nesino B.A. Tackson Electric
Electrical Contractor's Company Name Telephone 9261 Relevel Rd. Benjan NC License # Signature of Officer(s) of Corporation Mechanical/HVAC Permit Information Description of Work New Construction Stabenson Http A A IV Mechanical Contractor's Company Name 327 Telephone 343 Shipwork Do Garner NC Address Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work New Contents # Baths Plumbing Contractor's Company Name Telephone Mid Pivo Ry Funett wille NC Address Signature of Officer(s) of Corporation **Insulation Permit Information** Insulation Contractor's Company Name & Address

Homeowners Applying to Build Their Own Please answer the following questions then see a Permit Technician to determine if you qualif Questionnaire per G.S. 87-14 Regulations as to issue of Building Perm	y for permit und 1 its (Merno a	vailable upon	mptio
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 mai project?	nage const		
3. Do you intend to directly control & supervise construction activities?	yes _		
•	_yes _	по	
5. Do you intend to personally occupy the building for at least 12 consec completion of construction and do you understand that if you do not do so presumption under law that you fraudulently secured the permit?	utive monti), it creates	hs following the	
I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the construction.	_ yes _		
Mechanical codes, and the Harnett County Zoning Ordinance. I state the inforcentractors is correct as known to me and if any changes occur including listed number of bedrooms, building and trade plans, Environmental Health permit charchanges, I certify it is my responsibility to notify the Harnett County Central Permany and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. As is as per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation	contractors, nges or prop nitting Depa fter 2 years (site plan, osed use atment of	
Affidavit for Worker's Compensation N.C.G.S. 8 The undersigned applicant being the:	7-14		
General Contractor Owner Officer/Agent of the Contr	actor or Ow	200	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit:	n(s) perform	ning the work	:
Has three (3) or more employees and has obtained workers' compensation in			
Has one (1) or more subcontractors(s) and has obtained workers' compensati	on insurance	e to cover	
Has one (1) or more subcontractors(s) who has their own policy of workers' co-	mpensation	insurance	
Has no more than two (2) employees and no subcontractors.			
White working on the project for which this permit is sought it is understood that the Ca Department issuing the permit may require certificates of coverage of worker's comper to issuance of the permit and at any time during the permitted work from any person, file carrying out the work.	nsation insur rm or corpor	ting ance prior ation	
Company or Name: Wynn Construction Sign w/Title: Mahle Superinkedent Date: 3/4/1			
Sign w/Title: Wish He Superinkedent Date: 3/4/1	2		

Plan Box Number A A - 13

Job Name Jaylon Ochs
Date: 2-26-10

Required Inspections for SFA/SFD

Appl. # 08-50020924 Valuation 144 691 Sq. Feet 2227

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