

SCANNED  
4/14/10  
DATE

\* 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 # 08-600-20929  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

Owner's Name: Wynn Construction Date: 4-9-10

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to job site from Lillington: 210 Towards Fayetteville  
Turn Right on Ray Road go 1/2 mile and take left  
on Coakville Church Rd.

Subdivision: Taylor Oaks Lot: 15

Description of Proposed Work: New Construction #Bedrooms: 3

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? Yes  Crawl Space  Slab

**General Contractor Information**

Wynn Construction Inc. 919-528-1347  
Building Contractor's Company Name Telephone

2550 Capital Dr. Suite 105 46295  
Address License #

Must sign & fill out second page

Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work New Construction Service Size: 200 Amps TPole  yes/no

R.A. Jackson 919-230-1251  
Electrical Contractor's Company Name Telephone

9266 Raleigh Rd. Benson N.C. 27504 21144  
Address License #

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

**Mechanical/HVAC Permit Information**

Description of Work New Construction

Stephenson HVAC 919-329-0686  
Mechanical Contractor's Company Name Telephone

343 Shipwest Dr. Garner N.C. 27529 18644  
Address License #

Tony Stephenson  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New Construction # Baths 3

Thornton's Plumbing \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone

3160 A Vinson Rd. Clayton N.C. 22152  
Address License #

Andy Thornton  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tatum Insulation 519 Old Drug Store Rd. 919-661-0999  
Insulation Contractor's Company Name & Address Telephone

APR 14 2010

### 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.

**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.

Wade H. [Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

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### 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: WYAN Construction Inc.

Sign w/Title: Wade H. [Signature] Superintendent

Date: 4/13/10