* Each section below to be filled outby whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 08-500-21036

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: Wyno Construction	Date: <u>7//3//</u>
Site Address: 675 OMaha Dr. Broadway No.	Phone: 9/5-539-20
Directions to job site from Lillington: Type RA ON 6	27 7 miles on Left
W.	
	Mary Jan 1884 P. Jan 18
Subdivision: Tingen PT.	Lot: <u>(a)</u>
Description of Proposed Work: New Home	# of Bedrooms: 3
Heated SF: Unheated SF: Finished Bonus Ro	
General Contractor Infor	rmation () The second of the
Wina Construction	9/9-528-/347 Telephone
Building Contractor's Company Name	
2500 Capital ER Suite 105 Creedmank	W.C
Address	Email Address
Wet to	46295
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work New Yone Electrical Contractor Info	Size: 200 Amps T-Pole: Ves No
Electrical Contractor's Company Name	9/9-720-/25/ Telephone
9261 Ralican Ald. Benson N.C. 87504	Email Address
Address	ALIHH
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor	
Description of Work New Itome	
	919-329-0686
Stephesen Fra d Ail Rechanical Contractors Company Name	Telephone
343 Shipansh DR Carrier N.C. A7529	. Glopmone
373 Shiphesh UN Gamer/V.C. F. W.	Email Address
ddress	18644
ignature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Infor	
escription of Work New Hence	# Baths
escription of work food final	919-550-4833
Therefor's Jumber S	Telephone
lumbing Contractor's Company Name	1 GIGPTIONS
	Email Address
ddress / Chapan N.C. 27527	Email Address
deress Thomas Thomas	21152
ddress	2 2152- License #
ddress	2 215 2- License #

MAMAAWARE ARINVING IO DUILE ENGL CREETOING
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)
Do you own the land on which this building will be constructed? YesNo
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? YesNo
4. Do you intend to schedule, contract, or directly pay for all phases ofYesNo
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 <u>any</u> 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 - 8 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.
Wehle 2/13/10
Signature of Owner/Contractor/Officer(s) of Corporation Date
Signature of Owner/Contractor/Officer(s) of Corporation Oate Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14
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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
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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
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