JUL 3 X ENTO

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match SCANNED 7/30/10

Application # 08-500-2038

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, Inc.	Date: <u>7-26-7</u>
Site Address: 727 OMAHA DZ	Phone:
Directions to job site from Lillington: NC 27W to Omaha Dr.	
Left on Omaha Dr. into Tingen Pointe Subdivision, on the left toward th	e end of pavement on Omaha
Subdivision: Tingen Pointe	Lot: 69
Description of Proposed Work: New Construction	# of Bedrooms: 3
Heated SF: 1401 Unheated SF: 534 Finished Bonus Ro	oom? Crawl Space: <u>√</u> Slab:
General Contractor Info	
Wynn Construction, Inc.	919 603-7965
Building Contractor's Company Name	Telephone
2550 Capitol Dr. Creedmoor, NC 27522	edward@wynnconstruct.com
Address August August	Email Address 46295
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Info	ormation T D / / / / / / / / / / / / / / / / / /
	e Size: 200 Amps T-Pole: ✓ YesNo
R. A. Jackson	919 730-1251
Electrical Contractor's Company Name	Telephone
9261 Raleigh Road Benson NC 27504	
Address	Email Address
If Jacker	2114
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor	mornation
Description of Work New Construction	
Stephenson HVAC	919 329- 0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Garner, NC 27529	
Address	Email Address
(or tesher	18644
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Info	License #
Description of Work New Construction	# Baths 3
Thorton's Plumbing	919 669-8655
Plumbing Contractor's Company Name	Telephone
3160-A Omar Rd. Clayton, NC	
Address	Email Address
Aut horse	22152
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Info	License #
Tatum Insulation	919 661-0999
Insulation Contractor's Company Name & Address	Telephone
misulation Contractor's Company Name & Address	releptione

*NOTE: General Contractor must fill out and sign the second page of this application.

Homeowners Applying to Build Their Own F. Please answer the following questions then see a Permit Technician to determine if you qualify for population of Building Permits (Memory). 87-14 Regulations as to Issue of Building Permits (Memory).	ermit under Owner		
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 consect months following completion of construction and do you understand that you do not do so, it creates the presumption under law that you fraudulent secured the permit?	f	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 anv 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. T-26-10			
Giancture of Owner/Contractor/Officer/a) of Comparation Date			
Affidavit for Worker's Compensation N.C.G.S			
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the:	. 87-14		
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Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpor set forth in the permit: Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation	. 87-14 entractor or Ow ration(s) perform on insurance to	cover them.	
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Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor of Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit: Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) who has their own policy of worker 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 to Department issuing the permit may require certificates of coverage of worker's coto issuance of the permit and at any time during the permitted work from any percarrying out the work.	. 87-14 ontractor or Owneration(s) performance to insurance to insation insurance so compensation the Central Performance to inspensation in	ming the work cover them. ce to cover on insurance	
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Compensation of the Compensation of the Compensation of the compensation of the permit of the permit of the permit of the compensation of the permit of the	. 87-14 ontractor or Owneration(s) performance to insurance to insation insurance so compensation the Central Performance in son, firm or contract of the Central Performance in the C	ming the work cover them. ce to cover on insurance rmitting asurance prior rporation	

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Plan Box Number AA 1 3

Job Name Tuger Pt.

Date: 3-30-10

Required Inspections for SFA/SFD

Appl. #08-50 (21038 Valuation 127539 Sq. Feet 1963

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 Pough In 1500
40	Four Trade Rough In> 2500 Three Trade Rough In
40	
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500
60	R* Insulation
60	Four Trade Final
	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
50	One Trade Final
50	One Trade Final > 2500
999	Envir. Operations Permit
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