

\* 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 # D85A1231

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: 4-10-09

Site Address: 105 Cameron Pines Drive Phone: 919-756-3090

Directions to job site from Lillington: + Take 27 West Take left on Buffalo Lakes Rd. Sub is on Left

Subdivision: Cameron Pines Lot: 3

Description of Proposed Work: New Home #Bedrooms: 3

Heated SF 2073 Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space  Slab ( )

**General Contractor Information**

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

2550 Capitol Dr. Suite 105 Creedmoor NC 27522 Address License # 46295

[Signature] Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

**Electrical Permit Information**

Description of Work New Home Service Size: \_\_\_\_\_ Amps TPole:  yes/no

B.A Jackson Electric Electrical Contractor's Company Name Telephone 919 730 1251

9261 Raleigh Rd. Beiler NC 27504 Address License # 21144

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

**Mechanical/HVAC Permit Information**

Description of Work New Construction

Stephenson Htg & Air Mechanical Contractor's Company Name Telephone 919 329 0686

343 Shipwash Dr. Garner NC 27529 Address License # 18644

Tom Stephenson Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New Construction # Baths \_\_\_\_\_

Vence Johnson Plumbg. Plumbing Contractor's Company Name Telephone 910 424 6712

3242 Mid Pine Rd. Fayetteville NC Address License # 07756-P1

Vence Johnson Signature of Officer(s) of Corporation

**Insulation Permit Information**

Jatton Insulation 519 Old Dougston Rd. Grann NC 27529 Insulation Contractor's Company Name & Address Telephone 919-666-0999

### 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.

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

Date

4-20-09

### 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:

*Valyan Const. Inc.*

Sign w/Title:

*John Spe*

Date: 4-20-09