* 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



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 9-15-09 Site Address: 206 Letcher LNI Phone: Directions to job site from Lillington: Tak Mc Dougald Rd. Wests Take Rh on Adock Rd Sub 18 on the Description of Proposed Work: New Home #Bedrooms: Heated SF 1364 Unheated SF NA Finished Rec Room? NA (Crawl Space W Slab () General Contractor Information WYNN CONSTRUCTION 9/9 52 1347 Telephone **Building Contractor's Company Name** 2500 Cap. 101 Dr. Sy. to 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 Now Home ____Service Size: _Amps TPole: vestrio B.A Tackson Electric
Electrical Contractor's Company Name 919 730 1251 Telephone 9261 Releich Rd. Benjan NC 27504 21144 Address License # Signature of Officer(s) of Corporation Mechanical/HVAC Permit Information Description of Work New Construction Staphanson Itta A Air Mechanical Contractor's Company Name Telephone 343 Shipwork Do. Gorner NC Address Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work New Construction # Baths Plumbing Contractor's Company Name 910 Telephone 3242 Mid Divo Ry Funt of Me NC Address Signature of Officer(s) of Corporation **Insulation Permit Information** Insulation Contractor's Company Name & Address

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Plea Ques	ise answer the folio stionnaire per (Homeowr wing questions the G.S. 87-14 Re	1673 Applyir In see a Permit Tec Igulations as t	ng to Build The children to determine if y to Issue of Buildin	Ir Own Home	under Owners Exemp	
1. Do	you own the	land on which	this building v	vill be constructed	y remits (Mem 1? ves	o available upon re	que
2. Ha	ve you hired o	r intend to hire	an individual	to superintend a	nd manage cor	estruction of the	
l					-	yes _ ne	0
3. Do	you intend to	directly contro	l & supervise	construction activ	ities? yes	no	
4. Doy done?	you intend to s	schedule, cont	ract, or direct	y pay for all phas	es of constructi	ion work to be	
5. Do y complet presum	ou intend to p tion of constru ption under la	ersonally occu oction and do y w that you frau	upy the buildir ou understand udulently secu	ng for at least 12 o d that if you do no red the permit?			
				essary application,	yes	no	
number o changes, anv and a	f bedrooms, bu I certify it is my Il changes	ilding and trade responsibility	plans, Environto notify the Ha	tions in the Buildir rdinance. I state to ges occur including mental Health perm arnett County Central re-issue fee is \$150	i listed contractor nit changes or pr rai Permitting De 1.00. After 2 year	rs, site plan, roposed use partment of	
Signature	de Curros (Od	actor/Officer(s)		_ 9-	15-09		
		actor/Omcer(s)	of Corporation	Date			
The unders	Affi igned applicant	idavit for Wo	rker's Com	pensation N.C.	G.S. 87-14		\neg
	neral Contracto	_	ner	Officer/Agent of the	a Contractor es C		
Do hereby o	:onfirm under p he permit:	enalties of perju	ry that the pers	ion(s), firm(s) or cor	poration(s) perfo	rwner rming the work	1
Has	bree (3) or mon	e employees an	d has obtained	workers' compens	ation insurance to	o cover them.	
them.	ne (1) or more	subcontractors(s) and has obta	ined workers' comp	pensation insura	nce to cover	
Has or covering them	ne (1) or more s iselves.	ubcontractors(s) who has their	own policy of work	ers' compensatio	on insurance	
		(2) employees					
to issuance of a carrying out the	the permit and a work.	at any time durir	ng the permitted	t is understood that verage of worker's of d work from any per	the Central Perm compensation ins rson, firm or corp	nitting urance prior oration	
Company or Na Sign w/Title:	ime:	your (DN STRU			-	
	100	}		Date:	9-15-09	?	