* 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.

235

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

wner's Name: Wynn ConsTruction	Date:
ite Address:	Phone:
irections to job site from Lillington: Take Hung 27	west 6 3 miles past
Vestern Harnett Subdivision on Latt	
ubdivision: Tinga Rinte	Lot:
escription of Proposed Work: New Home	#Bedrooms:
eated SF Finished Re General Contracto	c Room? Crawl Space () Slab (
Nyun (on s Tru ofice) illding Contractor's Company Name	Telephone
-DD Cap. to 1 Dr. Su. to 105 (needmondates	x NC 27521
	Must sign & fill out second page
gnaxine of Owner/Contractor/Officer(s) of Corporation Electrical Permit	Information
escription of Work New Home Service S	Size:Amps TPole: Nesurio
ectrical Contractor's Company Name	919 730 1251
7261 Raley Rd. Bower NC 27504	21144
ddress	License #
R.A. Qackson ghature of Officer(s) of Corporation	
Mechanical/HVAC Pe	ermit Information
escription of Work New Construction	
echanical Contractor's Company Name	919 329 0686
	Telephone
13 Shipmark Do. Garner NC 2752 Idress	9 18644
_	License #
They States of Corporation	
Plumbing Permit	Information
escription of Work New Construction	# Baths
tree Johnson Planta. Jumbing Contractor's Company Name	910 424 67/2
umbing Contractor's Company Name	Telephone
	42-52 . (2)
142 Mid Pivo RI Fageth wille NC	07756-81
dress	
dress	
dress Ver Ahua prater of Officer(s) of Corporation	License #
dress	License #

Application #			
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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? 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.				
Signature of Owner/Contractor/Officer(s) of Corporation Date				
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				
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:				
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work				
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:				
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				
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				
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				
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				

Job Name WYNN CONST

Date: 8-3-09

Required Inspections for SFA/SFD

Plan Box Number AR-9

Appl. # 08 SG021235 Valuation 92, 389 Sq. Feet 1422

Sequence

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