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

## Application # 09500 22207

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCIANNED 6711

## **Application for Residential Building and Trades Permit**

Owner's Name: WYNN CONSTRUCTION, INC.	Date: 6-3-20
Site Address: 144	Phone: 919 603-7965
Directions to job site from Lillington: 27W To OMANA	Dr.
Left ON OMANA Dr. Left ON JU	
ON PIGHT.	
Subdivision: TING EN PARTE	Lot: <i>53</i>
Description of Proposed Work: New Cons Pruction	# of Bedrooms:2
Heated SF: 1508 Unheated SF: 820 Finished Bonus Room? General Contractor Information	
Wym Construction, INC. Building Contractor's Company Name	219 603-7965
Building Contractor's Company Name	Telephone
2550 CAPITOL Dr.	Telephone  edwardo winnesstraction  Email Address
Address	Email Address '
<u>46295</u> License #	
	<u>n</u> ./
Description of Work New Construction Service Size:	
P.A. Jackson	919 730-1251
Electrical Contractor's Company Name	Telephone
9261 Raleich Road Benson, NC 27504 Address	Email Address
21144	Email riddiodd
License #	
Mechanical/HVAC Contractor Inform	<u>nation</u>
Description of Work 1/ew Construction	0:0.350 4/0/
Stephenson HUAC	919 329-0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr Garner, NC 27529 Address	Email Address
18644	Ellian Addition
License #	
Plumbing Contractor Informatio	<u>n</u>
Description of Work New Construction	_# Baths <u>2</u>
Thorton's Plumbing	
Plumbing Contractor's Company Name	Telephone
3160-A OMER Rd Clayton NC	5 (Address
Address	Email Address
License #	
Insulation Contractor Information	
Tatum Insulation	919 661-0999
Insulation Contractor's Company Name & Address	Telephone

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

Homeowners Applying to Build Their Own Home	B nder Chimera Evnessiis	<b></b>
Please answer the following questions then see a Permit Technician to determine if you qualify for permit unquestionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available).	lable upon reques	st)
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	
Do you intend to directly control & supervise construction activities?	YesNo	
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 persorially 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 appeand that the construction will conform to the regulations in the Building, Electrical Mechanical codes, and the Harnett County Zoning Ordinance. I state the information contractors is correct as known to me and that by signing below I have obtained all permission to obtain these permits and if any changes occur including listed continumber of bedrooms, building and trade plans, Environmental Health permit changes changes, I certify it is my responsibility to notify the Harnett County Central Permittiany and all changes.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After	al, Plumbing and on on the above subcontractors ractors, site plan, or proposed use ng Department of	
is as per current/fee schedule.  Signature of Owner/Contractor/Officer(s) of Corporation  Date	2011	
Signature of Owner/Contractor/Officer(s) of Corporation  6-3-2  Date		
A College and averet 6-3-2		
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation N.C.G.S. 87	-14	
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation N.C.G.S. 87  The undersigned applicant being the:	-14 ctor or Owner	e work
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation N.C.G.S. 87  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contractor Owner Owner Officer/Agent of the Contractor Owner Owner Owner Officer/Agent of the Contractor Owner	-14 ctor or Owner n(s) performing the	
Affidavit for Worker's Compensation N.C.G.S. 87  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contractor Owner Officer/Agent of the Contractor set forth in the permit:	-14 ctor or Owner n(s) performing the surance to cover the	hem.
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation N.C.G.S. 87  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contract Owner Owner Officer/Agent of the Contract Owner Owner Owner Officer/Agent of the Contract Owner Owner Owner Owner Owner Officer/Agent of the Contract Owner	ctor or Owner  (s) performing the surance to cover the on insurance to co	hem. over
Affidavit for Worker's Compensation N.C.G.S. 87  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contract Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation institute.  Has one (1) or more subcontractors(s) and has obtained workers' compensation them.  Has one (1) or more subcontractors(s) who has their own policy of workers' compensation.	ctor or Owner  (s) performing the surance to cover the on insurance to co	hem. over
Affidavit for Worker's Compensation N.C.G.S. 87  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the Contract for the person of the contract of the person of the pe	ctor or Owner  (s) performing the surance to cover the insurance to cover the insurance to compensation insurance control Permitting ensation insurance	hem. over ance e prior
Affidavit for Worker's Compensation N.C.G.S. 87. The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contract of the permit:  Has three (3) or more employees and has obtained workers' compensation insequence of the more subcontractors(s) and has obtained workers' compensation them.  Has one (1) or more subcontractors(s) who has their own policy of workers' 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 Company or Name:  Company or Name:  Affidavit for Worker's Compensation N.C.G.S. 87.  Department issuing the permit may require certificates of coverage of worker's compensation in the project for which this permit is sought it is understood that the Company or Name:  Company or Name:  While Working on the permit and at any time during the permitted work from any person, carrying out the work.	ctor or Owner  (s) performing the surance to cover the insurance to cover the insurance to compensation insurance control Permitting ensation insurance	hem. over ance e prior