\* 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 # 0950022643

## 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  | Date:                                    |
|--|--|
| Site Address:  | Phone:                                   |
| Site Address:  Directions to job site from Lillington:  7 Take   | 22 Det 721- 1- St                        |
| on Butilo Lakes Rd.  | Sub 17 on Left                           |
| Subdivision: Caneon Phes   | Lat                                      |
| The state of the s | ) #Padaa                                 |
| deated SF Finished SF Finished General Con   | #Bedrooms:                               |
| General Con  | ntractor Information Crawl Space ( ) Sla |
| Wynn Construction  Building Contractor's Company Name  200 Construction  | 919 54× 1347                             |
| outloing Contractor's Company Name   | Telephone                                |
| 2500 Cap. 101 Dr. Su. te 105 (ne.  | dmar NC 27522 86295                      |
| iddress /  | License #                                |
| ing andre of Owner/Contractor/Officer(s) of Corpora  | Must sign & fill out second page         |
| Electrical D   | tion                                     |
| Pescription of Work New Home Ser   | vice Size: Amps Tholo:                   |
| ectrical Contractor's Company Name   | 9/9 220 /2.T/                            |
| lectrical Contractor's Company Name  | Telephone                                |
| 9261 Ralingh Rd. Banson NC 275   | TUY OLLUL                                |
|  | License #                                |
| R.A. Gackson ghature of Officer(s) of Corporation  |  |
| griature of Officer(s) of Corporation  |  |
| Mechanical/HVA   | C Permit Information                     |
| escription of Work New Construction  |  |
| t When the Ann Annie Schanical Contractor's Company Name   | 919 329 0686                             |
| 73 56 Company Name   | Telephone                                |
| 43 Shipwork Do GOING NC 27   | 529 18644                                |
| 7a - 560   | License #                                |
| nature of Officer(s) of Corporation  |  |
| Plumbing B   | rmit Information                         |
|  |  |
| scription of Work New Constant   |  |
| scription of Work New Construction   | # Baths                                  |
| scription of Work New Construction   | # Baths# Baths                           |
| scription of Work New Construction  The february Planting.  The modern Contractor's Company Name   | # Baths# Baths  7/0 V2Y 67/2 Telephone   |
| scription of Work New Construction  ACE Johnson Planting.  mbing Contractor's Company Name  192 Mid Pive H. Fanthy Me NC  dress  | # Baths# Baths<br>                       |
| scription of Work New Construction  ACE Johnson Planting.  mbing Contractor's Company Name  192 Mid Pive H. Fanthy Me NC  dress  | # Baths# Baths                           |
| scription of Work New Construction  The Johnson Planty Company Name  192 Mid Dive Rt. Function  Company Name  Comp | # Baths# Baths                           |
| scription of Work New Construction  ILL Share Plants.  mbing Contractor's Company Name  12 Mid Pive H. Fandly III NC  tress  Insulation Per  | # Baths# Baths                           |
| scription of Work New Construction  The Johnson Planty Company Name  192 Mid Dive Rt. Function  Company Name  Comp | # Baths# Baths                           |

| 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 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   |
| 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 <u>any</u> 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 \$20.00.  |
| s as per current/see scriedule.  |
| 1\mathread and 9-22-07   |
| Signature of Owner/Contractor/Officer(s) of Corporation  9-27-09  Date   |
| Affidavit for Worker's Compensation N.C.G.S. 87-14   |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:  |
| 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  |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:  |
| 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  |
| 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:   |
| 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   |
| 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  |
| 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  On 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. |
| 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  Oo 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 o issuance of the permit and at any time during the permitted work from any person, firm or corporation                         |

CRAWL / W/garase

Plan Box Number A 13

Job Name Cameron Pina

Date: 9-10-05

Required Inspections for SFA/SFD

Appl. # 0 9-500 22643 Valuation 163 208 Sq. Feet 25 12

## 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   |
|        |                            |