

\* 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 # 23050

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: \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to job site from Lillington: Take McDougald Rd. West  
Take Rt. on Adcock Rd. Sub is on the left.

Subdivision: Pioneer Farms Lot: \_\_\_\_\_

Description of Proposed Work: New Home #Bedrooms: \_\_\_\_\_

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

**General Contractor Information**

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

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

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

**Electrical Permit Information**

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

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

9261 Raleigh Rd. Benson NC 27504 21144  
Address License #

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

**Mechanical/HVAC Permit Information**

Description of Work New Construction

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

343 Shipwash Rd. Garner NC 27529 18644  
Address License #

Tom Stephenson  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

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

Vance Johnson Plumbing 910 424 6712  
Plumbing Contractor's Company Name Telephone

3242 Mid Pine Rd. Fayetteville NC 07753-01  
Address License #

Vance Johnson  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

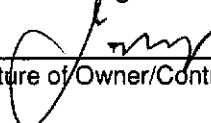
Jatam Insulation 5190ld Doug Steen Rd. Garner NC 27529 919-666-0999  
Insulation Contractor's Company Name & Address Telephone

**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.

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

10-14-09  
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

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

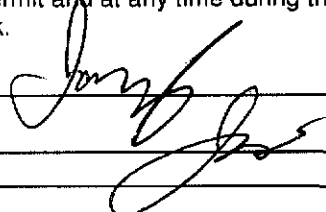
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

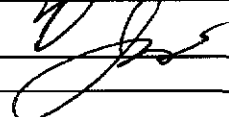
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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:  WYNN COAST,

Sign w/Title:  Date: 10-14-09