Application # 10 -500 - 23705

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

Tatum Insulation

Insulation Contractor's Company Name & Address

## Harnett County Central Permitting PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## EasTMAN SE Application for Residential Building and Trades Permit

Date: 2-7-20// Owner's Name: Wynn Construction, Inc. Phone: 919603-7965 OMAHA DIEVE Site Address: 235 Directions to job site from Lillington: HWY 27W to TINGEN POINTE LEFTON OMAHA LOT 30 Subdivision TENGEN POINTE 30 Lot: Description of Proposed Work: New Construction \_ # of Bedrooms:  $\frac{3}{2}$ Heated SF: 1424 Unheated SF: 542 Finished Bonus Room? Crawl Space: ✓ Slab: **General Contractor Information** Wynn Construction, Inc. 919 603-7965 **Building Contractor's Company Name** Telephone 2550 Capitol Dr. Creedmoor, NC, 27522 edward@wynnconstruct.com Address Email Address 46295 Signature of Owner/Contractor/Officer(s) of Corporation License # **Electrical Contractor Information** Service Size: 200 Amps T-Pole: ✓ Yes No Description of Work New Construction R. A. Jackson 919 730-1251 Telephone Electrical Contractor's Company Name 9261 Raleigh Road Benson NC 27504 **Email Address** Address 21144 Signature of Owner/Contractor/Officer(s) of Corporation License # Mechanical/HVAC Contractor Information Description of Work New Construction 919 329- 0686 Stephenson HVAC Telephone Mechanical Contractor's Company Name 343 Shipwash Dr. Garner, NC 27529 **Email Address** Address and Styn 18644 Signature of Owner/Contractor/Officer(s) of Corporation License # **Plumbing Contractor Information** Description of Work New Construction # Baths 3 Thorton's Plumbing 919 669-8655 Plumbing Contractor's Company Name Telephone 3160-A Omar Rd. Clayton, NC Address, **Email Address** 22152 Signature of Owner/Contractor/Officer(s) of Corporation License # **Insulation Contractor Information** 

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

919 661-0999

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?YesNo				
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?YesNo				
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 <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 as per current fee schedule.  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				
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 Construction, Inc.				
Sign w/Title: 1 Date: 2-7-2011				

Plan	Box	Number	AL	1-13

Job Name WyunGast

Date: 2-9-//

## Required Inspections for SFA/SFD

Appl. # 10-5-23705 Valuation \$120,587 Sq. Feet 1856

## Sequence

and the second	
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
	*