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\* 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.

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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 Page 1

Owner's Name: 1.4	- 4	suliding and Trades	<u>Permit</u>
Owner's Name: Wynn Con sto			
Site Address:	_	Phone:	
Directions to job site from Lillingto	on: Take Hung 27	west 63 mi	Les past
Western Harnett 506a	tour sion on Latt		
Subdivision: Tingen Pointe		Lot:	
Description of Proposed Work: _/	New Home	#Be	drooms:
Heated SF Unheated S	Finished Re General Contract	c Room?	Crawl Space ( ) Slab
WYNN CONSTRUCTION	1	919 51×13	RU7
Nynn ConsTruction  Building Contractor's Company Na	ame	Telephone	
250 Cap. 10/ Dr. Su. x	he 105 Creedman	x NC 27522	16295
TO A			License #
Signature of Owner/Contractor/Off	ficer(s) of Corporation	Must sign & fill out seco	nd page
	Electrical Barrell	Information	
Description of Work New Home	Service S	Size:Amps	TPole: Vestrio
S.A Tackson Electric  Electrical Contractor's Company N		919 730 1	
On the Contractor's Company N	iame 7	Telephone	
9261 Raligh Rd Berson	-NC 27504		21144
			License #
R.A. Oach sm. inighature of Officer(s) of Corporation	ion		
o more of control (b) of corporation	Mechanical/HVAC Pe	rmit Information	
escription of Work New Const			
taphenson Ho + Aux		9/9 3	27 0686
lechanical Contractor's Company	Name	Telephone	0080
343 Shipwash Do Gorne	r NC 2752	3	18644
aaress		· · · · · · · · · · · · · · · · · · ·	License #
gnature of Officer(s) of Corporation			
gnature of Officer(s) of Corporatio			
escription of West- transfer	<u>Plumbing Permit I</u>	<u>Information</u>	,
escription of Work New Consta	ectron	# Bath	3
nce Johnson Window. umbing Contractor's Company Na		910 42	4 67/2
		Telephone	
142 Mid Pive Rf. 7mg	att a le NC		75B-P1
			License #
gnature of Officer(s) of Corporation	<u>n</u>		
	Insulation Permit In	nformation	
Tatam Just Jatem 5/2 sulation Contractor's Company Nat	gold Drea Stan R.	Gran NI 22	C20 910 111
ulation Contractor's Comment	- war will the Wall	work pol 2/	<u>529 919-666</u> Telephone

Homeowners Applying to Build Their Own Please enswer the following questions then see a Permit Technician to determine it you quest Questionnaire per G.S. 87-14 Regulations as to Issue of Building Perm  1. Do you own the last	1 Home for permit under Owners Exempts
1. Do you own the land on which this building will be constructed?	
2. Have you hired or intend to hire an individual to superintend and man	nage construction of the
3. Do you intend to directly control & supervise construction activities?_	1400
4. Do you intend to schedule content as the construction activities?	yes no
4. Do you intend to schedule, contract, or directly pay for all phases of codone?	onstruction work to be
5. Do you intend to personally occupy the building for at least 12 consecu	· <del>-</del>
Partity secured the parmity	
I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the Building, Elect Mechanical codes, and the Harnett County Zoning Ordinance.	yes no
Mechanical codes, and the Harnett County Zoning Ordinance. I state the information of bedrooms, building and trade plane, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central Permit any and all changes.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After the permit fee schedule.	Mirectors, site plen, les or proposed use
Signature of Owner/Contractor/Officer(s) of Corporation  Date	
Afficient for Worker's Compensation N.C.G.S. 87-	44
	1
General Contractor Owner Officer/Agent of the Contract  Do hereby confirm under penelties of perjury that the person(s), firm(s) or corporation(s)  set forth in the permit:	or or Owner  ) performing the week
Hes three (3) or more employees and has obtained workers' compensation insur	
Has one (1) or more subcontractors(s) and has obtained workers' companisation in them.	ance to cover them.
1 /	
Has one (1) or more subcontractors(s) who has their own policy of workers' compo	nsation insurance
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 Department issuing the permit may require certificates of coverage of worker's compensation is a compensation of the permit and at any time during the permitted work from any person, firm or carrying out the work.	Permitting on insurance prior
Company or Name: Wynn Construction	
carrying out the work.  Company or Name: Wynn Construction  Sign w/Title: Wall de Construction Manage Date: 1/29/10	2