

* 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 # 10-500-23766

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: Old 421 for 10 miles left on Adeck Subdivision on Rt about 4 miles

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 Building Contractor's Company Name Telephone 919 528 1347

2550 Capitol Dr. Suite 105 Creedmax NC 27522 Address License # 46295

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

Electrical Permit Information

Description of Work New Home Service Size: _____ Amps TPole: yes/no

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

9261 Raleigh Rd. Benson NC 27504 Address License # 21144

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

Mechanical/HVAC Permit Information

Description of Work New Construction
Stephenson Htg & Air Mechanical Contractor's Company Name Telephone 919 327 0086

343 Shipwreck Rd. Garner NC 27529 Address License # 18244

Thom Stephenson Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Construction # Baths _____
Vince Johnson Plumbing Plumbing Contractor's Company Name Telephone 910 424 6712

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

Vince Johnson Signature of Officer(s) of Corporation

Insulation Permit Information

Tatom Insulation 5190ld Wagoner Rd. Gram NC 27529 Insulation Contractor's Company Name & Address Telephone 919-661-0999

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.

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.

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

3/18/10
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: Wyan Construction

Sign w/Title: Walt He Superintendent

Date: 3/18/10

Plan Box Number AA-13

Job Name Wyndal Const.

Date: 3-23-10

Required Inspections for SFA/SFD

Appl. # 105-23764

Valuation \$92,390

Sq. Feet 1422

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit