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

Application # 10-500-24/32

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 lens huchon	Date: 6/4//0
Site Address:	Phone:
Directions to job site from Lillington: Tun R4 on	127 7 miles on test
Subdivision: 74 OF	1.4. /3
Subdivision: Tingen PT.	Lot:
Description of Proposed Work: New Home	# of Bedrooms:
Heated SF: Finished Bonus	Room? Crawl Space: U Slab:
Wyng Construction In	· · · · · · · · · · · · · · · · · · ·
Building Contractor's Company Name	
2550 Capifor / DR Suite 105 Creechage	
Address ,	Email Address
	· · · · · = = · = = ·
Signature of Owner/Contractor/Officer(s) of Corporation	Lidense #
Electrical Contractor Is	nformation
Description of Work New Home Sen	vice Size: 200_Amps T-Pole: VesN
K.H. Sackson Electric	919-720-1251
Electrical Contractor's Company Name	Telephone
9261 Raliegh Add. Berson N.C. 8750	
Address Polym	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contract	tor Information
Description of Work /Vew /tome	
Stephese Hta d A R Mechanical Contractors Company Name	919-329-0686
Mechanical ContractoRs Company Name	Telephone
343 Shipnesh DR Corner N.C. A7529	
Address	Email Address
Tong Styleson	
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor In	
Description of Work New Hand	# Baths
Therders Mumbre	919-550-4833
Plumbing Contractor's Company Name	Telephone
3/60 A Vinson Rd (6, fon N.C. 27527	
odress	Email Address
ignature of Owner/Contractor/Officer(s) of Corporation	2 2152- License #
Insulation Contractor Inc	License # formation
Tatum Insulation 579 Old Oran 5 traffold (and state of the sulation Contractor's Company Name & Address N.C. 2	2 mer 9/9-66/-1999 Telephone
N.C. J	27529
	7

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

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 (Memoravailable 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 Yes No 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 Yes No No 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		
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.		
Mh fc 6/4/10		
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.		
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.		
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		

Plan Box Number PA 13

Job Name Tingen Pont

Date: <u>6-7-18</u>

Required Inspections for SFA/SFD

Appl. # 10-50024132Valuation $\frac{117403}{59}$ Sq. Feet 1807

Sequence

10 10-30 20 20	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation 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