4
7
APR

* 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

SCANNED		
SCANNED 4 14 10		10 000 211161
DATE	Application # _	10-500-24191
Harnott County Co	ntral Darmitting	

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
893-7525 Fax 910-893-2793 www.harnett.org/permits

910-893-7525 Fax 910-893-2793 www.harnett.	org/permits
Application for Residential Building and	Trades Permit
Owner's Name: Vynn Construction Inc.	Date: 4-12-10
Site Address: 66 Harding Lave Cancon MC 28:35 Moon	ne: <u>815 - 796 - 3090</u>
Directions to job site from Lillington: 27 West , 87 Sou	th, 24 west
Tacke left on Marks Ral go 4	-5 riles al
Coppe from is as the light	
Subdivision: Coase Farms	Lot:
Description of Proposed Work: New Construction	#Bedrooms: <u>_</u>
Heated SF 1516 Unheated SF 297 Finished Rec Room?	Crawl Space () Slab
General Contractor Information	
Upp Construction Inc 919-3	528-1347
Building Contractor's Company Name Telephone	/// aa
2550 Capital Drive suite 105	<u>46295</u> License #
	l out second page
Signature of Owner/Contractor/Officer(s) of Corporation	
Description of Work New Carstractor Service Size: 200	<u>n</u> ⊙ Amps TPole: √(es /no
0 '	30-1251
Electrical Contractor's Company Name Telephone	
9261 Rabanh Roud Busan M 27504	21144
Address	License #
Get ful	
Signature of Officer(s) of Corporation Mechanical/HVAC Permit Inform	ation
Description of Work New Construction	
Stephenson HVAC 5	515-325-de86
Mechanical Contractor's Company Name Telep	F15 - 325-0686 phone B 38644
343 Shigunsh dre Come MC 2752	3 3 18644
Address	License #
Tan Hali	
Signature of Officer(s) of Corporation Plumbing Permit Information	n
Description of Work New Construction	# Baths 3
	315-669-8455
	phone
3/60+A Omsas Rd. Claylon AC	28 152
Address	License #
The laste	
Signature of Officer(s) of Corporation Insulation Permit Information	n
	! !
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?
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?
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.
2/-12-10 Date
Signature of Owner/Contractor/Officer(s) of Corporation 2/-12-10 Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14
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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
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.
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
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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.
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

Plan Box Number_	HA9

Job Name <u>Cooper Farmo</u>

Date: 4-15-10

Required Inspections for SFA/SFD

Appl. # 10-5-8024191 Valuation 126629 Sq. Feet 1949

Sequence

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