Application # 10500 24595

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

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: <u>6/9/10</u>	_
Site Address: 272 Gold Court Broadmay	Phone: 9/9-539-20	2
Directions to job site from Lillington: Turn Rt on 27	7 miles on test	_
Subdivision: Tingen PT.	Lot: 97	
		_
Description of Proposed Work: New Home Heated SF: Unheated SF: Finished Bonus Room?	# or Beardoms:	
General Contractor Information	<u>ח</u>	u
Wynn Lonstruction	<u>9/9-528-/347</u> Telephone	
Building Contractor's Company Name	relephone	
2550 Capital DR Saite 105 Creechaper N.C.	Empli Address	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	<u>//6295</u> License #	
Signature of Owner/Contractor/Onicer(s) of Corporation Electrical Contractor Information		
Description of Work New Home Service Size:	Amps T-Pole: Ves No	>
RA. Sackson Electric	919-720-1251	
Electrical Contractor's Company Name	Telephone	
9261 Ralican Act. Berson N.C. 87504		
Address / /	Email Address	
KG. ARBun	21144	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical/HYAC Contractor Inform	<u>nation</u>	
Description of Work New Home		
Stepheson HtadAiR	919-329-0686	
Mechanical Contractors Company Name	Telephone	
343 Shipnesh VK Garner N.C. 87529		
Address	Email Address	
Tong Stateson	18644	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Plumbing Contractor Information	<u> </u>	
Description of Work New Hand	_# Baths	
Therders Plumbers	919-550-4833	
Plumbing Contractor's Company Name	Telephone	
3160 A Vinson Rd Chidon N.C. 27527		
ddress	Email Address	
	2152	
ignature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information	1	
1 atum Insulation 519 Old Orug storted, Corner	919-661-499	
Tatum Insulation 579 old Oran 5 touther, Converted assistance of the State of the S	Telephone '	

*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 (Memo available upon request)
Do you own the land on which this building will be constructed? YesNo
Have you hired or intend to hire an individual to superintend andYesNo
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
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
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:
The undersigned applicant being the:
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
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:
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
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
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.
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
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Job Name <u>Wyman</u>

Date: 6 - 16 - 18

Required Inspections for SFA/SFD

Appl. # 10-50024395 Valuation # 118313 Sq. Feet 1821

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 Pough In 2500
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
50	One Trade Rough In > 2500
60	R* Insulation
60	Four Trade Final
	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
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