SCANNED

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

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

Application # 10-500-24596

Application for Residential Building and Trades Permit Date: 6 Owner's Name: Wynn Construction 278 (Joh C Site Address: Dar Vead a Phone: 7 Miles DA Directions to job site from Lillington: Turn 27 Subdivision: Tingen Lot: 98 181 New Hom 2 Description of Proposed Work: # of Bedrooms: Heated SF: **Unheated SF:** Finished Bonus Room? Crawl Space: Slab: **General Contractor Information** ons Building Contractor's Company Name ER Suite 105 Creedmon AV.L. 2550 10 Email Address Address 16295 Signature of Owner/Contractor/Officer(s) of Corporation License # Electrical Contractor Information Service Size: 200 Amps T-Pole: Ves No Description of Work New Hone Sackson. Electein Telephone Electrical Contractor's Company Name 9261 Berson N.C. 87504 Email Address Addrees Signature of Øwner/Contractor/Officer(s) of Corporation License # Mechanical/HVAC Contractor Information Description of Work _//ew //o Hto d 919-329-0686 Stephison Mechanical Contractors Company Name Telephone 342 Shipnosh Samur Email Address Address 18644 Signature of Owner/Contractor/Officer(s) of Corporation License # **Plumbing Contractor Information** Description of Work Upp (tome # Baths hordors 919um bir Plumbing Contractor's Company Name Telephone 3160 A Vinson Rd Chiton N.C. 27527 Email Address Address 22152 License # Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Information straffel, Com Tatum 919-661-1 Old Insulation Contractor's Company Name & Address Telephone N.C. 27529

*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)
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 andYesNo
3. Do you intend to directly control & supervise construction activities?YesNo
4. Do you intend to schedule, contract, or directly pay for all phases ofYesNo
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?YesNo
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 cyrrent fee/schedule.
is as per current fee/schedule.
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: Wynr Construction
Sign w/Title: Date: 6/26/10

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SLAB

Plan Box Number AA9

Job Name Tinger P7. Date: <u>6-30-10</u>

Required Inspections for SFA/SFD

Appl. #_/	0-50824596
	148395
Sq. Feet_	2284

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SLAB

Plan Box Number AA9

Job Name Tinger [7. Date: <u>6-30-10</u>

Required Inspections for SFA/SFD

Appl. # 10-50824596 Valuation <u>148395</u> Sq. Feet <u>2284</u>

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