

\* 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 # 1050024599

**Application for Residential Building and Trades Permit**

Owner's Name: Wynn Construction Date: 6/9/10  
Site Address: 766 Omaha DR Phone: 919-539-2077  
Directions to job site from Lillington: Turn Rt on 27 7 miles on left

Subdivision: Tingen PT. Lot: 113  
Description of Proposed Work: New Home # of Bedrooms: 3  
Heated SF: \_\_\_\_\_ Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space:  Slab:  W.H.

**General Contractor Information**

Wynn Construction 919-528-1347  
Building Contractor's Company Name Telephone  
2530 Capital DR Suite 105 Creedmoor N.C.  
Address Email Address  
W. H. C. 46295  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information**

Description of Work New Home Service Size: 200 Amps T-Pole:  Yes  No  
R.A. Jackson Electric 919-720-1251  
Electrical Contractor's Company Name Telephone  
9261 Raleigh Rd. Benson N.C. 27504  
Address Email Address  
R.A. Jackson 81144  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Mechanical/HVAC Contractor Information**

Description of Work New Home  
Stephenson Hvac Air 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 Shipwash DR Garner N.C. 27529  
Address Email Address  
Tony Stephenson 18644  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Plumbing Contractor Information**

Description of Work New Home # Baths 3  
Thordens Plumbing 919-550-4833  
Plumbing Contractor's Company Name Telephone  
3160 A Vinson Rd. Clayton N.C. 27527  
Address Email Address  
Andy Thorden 22152  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Insulation Contractor Information**

Tatum Insulation 519 Old Drug Store Rd. Garner 919-661-8999  
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 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 Hamett 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 Hamett 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 H. [Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

6/9/10  
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: Wynn Construction

Sign w/Title: Walt H. [Signature] Superintendent Date: 6/9/10