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.

Application # 10500 24600

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

Application for Residential B	33 www.hamett.org/permits
Owner's Name: Wynn Construction	Data Trades Ferring
Site Address: 145 Cameron Pines DR	Date:
on Roll 11 2 lake 2	1 Ocot Ble left
on Butalo Lakes Rol.	Sub 17 an Latt
Subdivision: 26	
Subdivision: Caneon Pines	Lot:5
Proposed Work: New Hand	ANALYSIS OF THE PROPERTY OF TH
Unneated SF Finished Rec	Boom?
11000fol Continues.	Information
Building Contractor's Company Name	919 SUX 1347
2500 Cap. 1/2/ Dr. 5	elephone
Address Address And Dr. Suite 165 Creedman	NC 27522 Y6295
(and 1) say	License #
Signature of Owner/Contractor/Officer(s) of Corporation	st sign & fill out second page
Description of Work Ma	iformation
Description of Work New Home Electrical Permit In Service Size	e:Amps TPole: Aestro
Electrical Contractor's Composition	717 730 1251
716/ Relevel DI Ba	ephone
	21144
B.A. Jackson	License #
signature of Officer(s) of Corporation	
Pescription of Mork 1/4	it Information
THE COASTON AND	,
echanical Contractor's Company Name	919 327 0686
373 54 Company Name	Telephone
3 Shipmost a Garner NC 27529 Idress	BTYV
The States con	License #
gnature of Officer(s) of Corporation	
Diumbia - Dec. 10 - 1	rmotion
New Parkers	
mbing Contractor's Company Name	# Baths
moing Contractor's Company Name	76 424 67/2 Telephone
12 Mid Qivo Ry. Forth wille NC	
/- //	- 07758·PI
natifie of Officer(s) of Corporation	License #
Insulation Permit Information Contractor's Company Name & Address	nation
lation Contractor's Company Name & Add Con Co. G.	Tolophon 919-661-09
Family valing of Address	Telephone

A 11 That Com Home
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?yesno
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 menths 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?
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 Bullding, 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.
M / // MAN 1/ MAN 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/
Signature of Owner/Contractor/Officer(s) of Corporation
Signature of Owner/Contractor/Officer(s) of Corporation
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: WYM Construction Sign w/Title: Saper introduct Date: D
Sign w/Title: Super introduct Date: Date: