* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match 6 30 10

Application # 10-500-24601

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Wynn long to uchon Site Address: 25 Albert Court Sanford	Date: 6/2
Directions to job site from Lillington: 1400 KA ON E	27 7 miles on Left
W. Service	e de desarrollo de la companya de l
Subdivision: Tingen PT.	Lot: <u>/3</u>
Description of Proposed Work: New Home	# of Bedrooms:
Heated SF: Unheated SF: Finished Bonus Ro	oom? Crawl Space: ∠ Slab: ormation
Wing Construction	919-528-1347
Building Contractor's Company Name	Telephone
2550 Capifal DR Suite 105 Creedmank	Phil.
Address	Email Address
Wet It	16295 License #
Signature of Owner/Contractor/Officer(s) of Corporation	
	e Size: Amps T-Pole: Yes_
R.H. Sackson Electric	919-720-1251
Electrical Contractor's Company Name	Telephone
9261 Kaliegh AKA. Berson N.C. 27504	
Addrees / / /	Email Address
W/-/. X-Masen	21144
Signature of Owner/Contractor/Officer(s) of Corporation	<u>\$(/7//</u> License #
Signature of Øwner/Contractor/Officer(s) of Corporation Mechanical/HVAC Contractor	License #
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical/HVAC Contractor Description of Work New Home	License #
Mechanical/HVAC Contractor Description of Work	License # r Information
Mechanical/HVAC Contractor	License #
Mechanical/HVAC Contractor Description of Work New Home Stephese High Ail Mechanical Contractors Company Name	License # r Information 9/9-329-068/6
Mechanical/HVAC Contractor Description of Work New Home Steckeson Had A'R	License # r Information 9/9-329-068/6
Mechanical/HVAC Contractor Description of Work New Home Stephese High Air Mechanical Contractors Company Name 343 Shiparsh DR Carres N.C. 87529 Address	License # r Information 9/9-329-068/6 Telephone Email Address
Mechanical/HVAC Contractor Description of Work New Home Stephese Had HiR Mechanical Contractors Company Name 343 Shipagsh DR Carrer N.C. 47529 Address Tona Stephen Signature of Owner/Contractor/Officer(s) of Corporation	License # r Information 9/9-329-068/6 Telephone Email Address /8/64/ License #
Mechanical/HVAC Contractor Description of Work New Home Stephesen Had AiR Mechanical Contractors Company Name 343 3h.pagsh DR Carrer N.C. 47529 Address Tony Stephesen	License # r Information 9/9-329-068/6 Telephone Email Address /8/64/ License #
Mechanical/HVAC Contractor Description of Work New Home Stephese High Air R Mechanical Contractors Company Name 343 Shiparsh DR Carres N.C. 47539 Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Info	License # r Information 9/9-329-068/6 Telephone Email Address /8/64/ License #
Mechanical/HVAC Contractor Description of Work New Home Stephese Had HiR Mechanical Contractors Company Name 343 Shipagsh DR Carrer N.C. 47529 Address Tona Stephen Signature of Owner/Contractor/Officer(s) of Corporation	License # r Information 9/9-329-068/6 Telephone Email Address /8/4/ License # ermation # Baths
Mechanical/HVAC Contractor Description of Work Stephesen Itta a dire Mechanical Contractors Company Name 343 Shiparsh DR Carres N.C. 47539 Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Info Description of Work New Head Item	License # r Information 9/9-329-068 C Telephone Email Address /8644 License #
Mechanical/HVAC Contractor Description of Work Stephese HaddiR Mechanical Contractors Company Name 343 Shiparsh DR Carrer N.C. 67539 Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Info Plumbing Contractor Info Plumbing Contractor's Company Name	License # r Information 9/9-329-068 C Telephone Email Address /8644 License # rmation # Baths 9 9/9-53-0-4833
Mechanical/HVAC Contractor Description of Work Stephese Hadi'R Mechanical Contractor's Company Name 343 Shiparsh DR Carres N.C. 47529 Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Info Plumbing Contractor's Company Name 3/60 A Vinson Rd Clade N.C. 27527	License # r Information 9/9-329-068 C Telephone Email Address /8644 License # rmation # Baths 9 9/9-53-0-4833
Mechanical/HVAC Contractor Description of Work Stephese HaddiR Mechanical Contractors Company Name 343 Shiparsh DR Carrer N.C. 67539 Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Info Plumbing Contractor Info Plumbing Contractor's Company Name	License # Information 9/9-329-068 C Telephone Email Address /8644 License # Information # Baths 9/9-55-0-4833 Telephone Email Address
Mechanical/HVAC Contractor Description of Work Stephese HadiR Mechanical Contractor's Company Name 343 Shipaish DR Carner N.C. 47529 Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Info Description of Work Men Hand Plumbing Contractor Info Plumbing Contractor's Company Name 3/60 A Vinson Rd Clayton N.C. 27527 Address Address Address Men	License # Information 9/9-329-068/6 Telephone Email Address /8/64/ License # Information # Baths 9/9-53-0-4833 Telephone
Mechanical/HVAC Contractor Description of Work Stephese Hadi'R Mechanical Contractor's Company Name 343 Shiparsh DR Carres N.C. 47529 Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Info Plumbing Contractor's Company Name 3/60 A Vinson Rd Clade N.C. 27527	License # Information 9/9-329-0686 Telephone Email Address /8644 License # Information # Baths 9/9-53-0-4833 Telephone Email Address 21/52- License # Information
Mechanical/HVAC Contractor Description of Work Stepheson Had AiR Mechanical Contractors Company Name 343 Shipash DR Carver N.C. 47529 Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Info Description of Work Plumbing Contractor's Company Name 3/60 A Vinson Rd Charle N.C. 27527 Address Signature of Owner/Contractor/Officer(s) of Corporation	License # r Information

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? Yes No		
4. Do you intend to schedule, contract, of 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 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		
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: Well the Superintendent Date: 6/26/10		
Sign w/Title: Mel He Superintendent Date: 6/26/10		

···· (1.394_17