III 3 X EMTO

Fach section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 10-500-21774

Application # 10-500-21774

Hernett 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, Inc.	6レDate: 7-2
Site Address: 45 Taft Ln.	Phone: 9/9 603-7
Directions to job site from Lillington: Take NC 27W to Hwy 87	Take Hwy 87 South to Hwy 24
Take Hwy 24 West to Marks Rd. 4-5miles on Marks Rd. Coop	
Subdivision: Tingen Pain-	Lot: 92
Description of Proposed Work: New Construction	# of Bedrooms: 3
Heated SF: 1409 Unheated SF: 542 Finished Bonu	s Room? N Crawl Space: Slah
General Contractor	Information
Wynn Construction, Inc.	919 603-7965
Building Contractor's Company Name	Telephone
2550 Capitol Dr. Creedmoor, NC 27522	edward@wynnconstruct.com
Address / / / / / / / / / / / / / / / / / /	Email Address
Signature of Disport Contractor (Office (a) of Contractor	46295
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor	License #
	ervice Size: 200 Amps T-Pole: Yes
R. A. Jackson	919 730-1251
Electrical Contractor's Company Name	Telephone
9261 Raleigh Road Benson NC 27504	- 
Address	Email Address
In yellon	2114
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contra  Description of Work New Construction	ctor information
Stephenson HVAC	040 200 2000
Mechanical Contractor's Company Name	919 329- 0686
343 Shipwash Dr. Garner, NC 27529	Telephone
Address //	Email Address
Jan Marker	18644
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor	
Description of Work New Construction	# Baths <sup>3</sup>
Thorton's Plumbing	919 669-8655
Plumbing Contractor's Company Name	Telephone
3160-A Omar Rd. Clayton, NC	
Address	Email Address
May Mayo	22152
Signature of Owner/Contractor/Officer(s) of Corporation  Insulation Contractor	License #
Tatum Insulation	···
Insulation Contractor's Company Name & Address	919 661-0999 Telephone

\*NOTE: General Contractor must fill out and sign the second page of this application.

Homeowners Applying to Build Their Own H Please answer the following questions then see a Permit Technician to determine if you qualify for pe Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo		ners Exemption.	
Do you own the land on which this building will be constructed?	Yes	·	
Have you hired or intend to hire an individual to superintend and manage construction of the project?			
Do you intend to directly control & supervise construction activities?	Yes		
Do you intend to schedule, contract, or directly pay for all phases of construction work to be 1.00.	Yes	No	
construction work to be done?	Yes	No	
5. Do you intend to personally occupy the building for at least 12 consecumenths following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulent secured the permit?	!		
secured the permit?	Yes	No	
I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the Building, Elect Mechanical codes, and the Harnett County Zoning Ordinance. I state the information contractors is correct as known to me and if any changes occur including listed on number of bedrooms, building and trade plans, Environmental Health permit chanchanges, I certify it is my responsibility to notify the Harnett County Central Permany and all changes.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After the permanent of Owner/Contractor/Officer(s) of Corporation  Date	etrical, Plum mation on t contractors, nges or prop nitting Depa fter 2 years	nbing and he above site plan, losed use artment of	
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:	87-14		
General Contractor Owner Officer/Agent of the Contractor	tractor or O	wner	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporat set forth in the permit:	ion(s) perfo	rming the work	
Has three (3) or more employees and has obtained workers' compensation	insurance to	o cover them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensithem.	ation insura	nce to cover	
Has one (1) or more subcontractors(s) who has their own policy of workers' covering themselves.	compensat	ion insurance	
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 Department issuing the permit may require certificates of coverage of worker's come to issuance of the permit and at any time during the permitted work from any person carrying out the work.	maneation i	001150000	
Company or Name: Wynn Construction, Inc.		<del></del>	
Sign w/Title: Alway aveilt	Date: <u>7-2</u>	7-10	

Plan Box Number AA.13

Job Name Wynn Const

Date: 10.28-10

## Required Inspections for SFA/SFD

Appl. # 10-5-24774
Valuation \$120,133
Sq. Feet 1849

## 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. monoslal
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough 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
60	Four Trade Final > 2500
60	Three Trade Final
· · · · · · · · · · · · · · · · · · ·	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	<b>Envir. Operations Permit</b>
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