by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application # 10-500-24 776 Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## <u>Application for Residential Building and Trades Permit</u>

Owner's Name: Wynn Construction, Inc.	6L
Site Address: 45 Talt Ln,	Phone: 9/9 603-7965
Directions to job site from Lillington: Take NC 27W to Hwy 8	Take Hwy 87 South to Hwy 24
Take Hwy 24 West to Marks Rd. 4-5miles on Marks Rd. Coo	per Farms will be on right
Subdivision. Tingen Point	Lot: <u>Q</u> Q
Description of Proposed Work: New Construction	# of Bedrooms: <sup>3</sup>
Heated SF: 1409 Unheated SF: 542 Finished Bon	US Room? N Crawl Space: Sleby V
General Contracto	r Information
Wynn Construction, Inc.	919 603-7965
Building Contractor's Company Name	Telephone
2550 Capitol Dr. Creedmoor, NC 27522	edward@wynnconstruct.com
Address Queet	Email Address 46295
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work New Construction	r Information
R. A. Jackson	Service Size: <u>200</u> Amps T-Pole: <u>√</u> Yes <u>No</u> 919 730-1251
Electrical Contractor's Company Name	Telephone
9261 Raleigh Road Benson NC 27504	relebiotie
Addresa N	Email Address
ld Jackson	2114
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contr	actor Information
Description of Work New Construction	
Stephenson HVAC	919 329- 0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Gamer, NC 27529	· · · · · · · · · · · · · · · · · · ·
Turess / /	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	18644
Plumbing Contracto	License #
Description of Work New Construction	
Thorton's Plumbing	# Baths <sup>3</sup> 919 669-8655
Plumbing Contractor's Company Name	Telephone
3160-A Omar Rd. Clayton, NC	тыернопе
ddress L	Email Address
my Vivalor	22152
ignature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor	r Information
atum Insulation	919 661-0999
nsulation Contractor's Company Name & Address	Telephone

\*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)		
Do you own the land on which this building will be constructed? YesNo		
Have you hired or intend to hire an individual to superintend and manage construction of the project?  Yes No		
Do you intend to directly control & supervise construction activities? YesNo		
4. Do you intend to schedule, contract, or directly pay for all phases ofYesNoNo		
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 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 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?  The proposed use the proposed use of the		
Signature of Owner/Contractor/Officer(s) of Corporation  Date  Affidavit for Worker's Compensation N.C.G.S. 87-14		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
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		
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:		
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		
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		
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.		
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		

Plan Box Number AA 13

Job Name Wymu

Date: 10-28-10

## Required Inspections for SFA/SFD

Appl. # 10 - 50024776 Valuation # 117 403 Sq. Feet \_ 1807

## 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. Memo
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
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
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit