

Instructions: Below to be filled out
by contractor performing work
Must be owner or licensed
contractor. Address, company
name & phone, must match

Harnett County Central Permitting

Application # 1050024778

PO Box 65 Lillington, NC 27546
910-890-7525 Fax 910-853-2783 www.harnett.org/permits

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Application for Residential Building and Trades Permit

Owner's Name Wynn Construction, Inc Date 11-18-10

Site Address 187 Gold Ct. Phone 919 603-7965

Directions to job site from Lillington: HWY 27 W TO TENGEN POINTE ON LEFT
Letton OMAHA dr to Gold Ct., RIGHT ON Gold
Ct LOT 104 ON LEFT approx 2/3 way ON LEFT

Subdivision: TENGEN POINTE Lot: 104 Acres .80

Description of Proposed Work: New Construction # of Bedrooms: 3

Heated SF 1416 Unheated SF 604 Finished Bonus Room? N Crawl Space: Slab ✓

General Contractor Information

Wynn Construction, Inc 919 603-7965

Building Contractor's Company Name Telephone

2950 Capitol Dr. Creedmoor, NC 27522 edward@wynnconstruct.com

Address Email Address

[Signature] 46295

Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole ✓ Yes No

R. A. Jackson 919 730-1251

Electrical Contractor's Company Name Telephone

3261 Raleigh Road Benson NC 27504

Address Email Address

[Signature] 21144

Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical/HVAC Contractor Information

Description of Work New Construction Stephens HVAC 919 329-0656

Mechanical Contractor's Company Name Telephone

443 Shipwash Dr. Garner NC 27529

Address Email Address

[Signature] 18644

Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information

Description of Work New Construction Thornton's Plumbing # Baths 3

Plumbing Contractor's Company Name Telephone

1160-A Omar Rd. Clayton, NC 919 669-8655

Address Email Address

[Signature] 22152

Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Talim Insulation 919 661-0999

Insulation 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)

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 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.

J. Edward Annett
Signature of Owner/Contractor/Officer(s) of Corporation

11-18-10
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, Inc.

Sign w/Title: *J. Edward Annett* Date: 11-18-10

Plan Box Number AA-13

Job Name Thyge Pointe

Date: 11-22-10

Required Inspections for SFA/SFD

Appl. # 10-5-24778

Valuation \$120,522

Sq. Feet 1855

Sequence

10	_____	R* Bldg. Footing
10-30	<u>✓</u>	R* Elec. Temp Service Pole
20	_____	R* Building Foundation
20	<u>✓</u>	Address Confirmation
30-999	_____	Open Floor
30-999	<u>✓</u>	R* Bldg. Slab Insp. <i>Mon D</i>
30-999	<u>✓</u>	R* Elec. Under Slab
30-999	<u>✓</u>	R* Plumb. Under Slab
40	<u>✓</u>	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	<u>✓</u>	R* Insulation
60	<u>✓</u>	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	<u>✓</u>	Envir. Operations Permit