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

* Each section below to be filled out

Application # 10-500-2478 Harnett 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.	Date: <u>6 - 2 - 24</u>
Site Address: Gold CT.	Phone: 919 603-790
A '	FT on OMAHA Dr.
RIGHT ON GOLD CT.	
•	
Subdivision: TENGEN POINTE	Lot: /0 7
Description of Proposed Work: New Construction	# of Bedrooms: 3
Heated SF: 1424 Unheated SF: 542 Finished Bonus Room?	· N Crawl Space: Y Slab:
General Contractor Informati	ion
Wym Construction, INC.	919 603-7965
Building Contractor's Company Name	Telephone
2550 CAPITOL Dr.	Edwardo winnestrotes
46295	Email Address*
	tion /
Description of Work New Construction Service Size	_
P.A. Jackson	919 730-1251
Electrical Contractor's Company Name	Telephone
9261 Raleigh Road Benson, NC 2750	Twell Address
Address	Email Address
License #	
Mechanical/HVAC Contractor Info	rmation
Description of Work <u>New Construction</u>	
Stephenson HUAC	919 329-0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr Garner, NC 27529	
Address	Email Address
18644	
License # Plumbing Contractor Informa	tion
Description of Work New Construction	# Baths 3
Troiton's Plubing	# Datits
Plumbing Contractor's Company Name	Telephone
3/60-A OMER Rd Clayton NC	, dispirate
Address	Email Address
22152	
License #	
Insulation Contractor Informa	order 111 acces
Tatum 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 it 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? YesNo
3. Do you intend to directly control & supervise construction activities? Yes No
Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? YesNo
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 that by signing below I have obtained all subcontractors permission to obtain these permits 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
Signature of Owner/Contractor/Officer(s) of Corporation 6-2-7011 Date
Helward averett 6-2-7011
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14
Signature of Owner/Contractor/Officer(s) of Corporation 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 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