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* Each section below to be filled out

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

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Application # 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>8-25-10</u>
Site Address: 225 Gold CT.	Phone: 919 603-796
Directions to job site from Lillington: NC 27W to Omaha Dr.	
	A Gold CT. DAI THE LEFT
P20/// V	
	DEENTEY BIGHT LOT 102
Description of Proposed Work: <u>New Construction</u>	# of Bedrooms: <u>3</u>
Heated SF: <u>1527</u> Unheated SF: <u>653</u> Finished Bonus F <u>General Contractor In</u>	Room? Crawl Space: Slab: 👱
Wynn Construction, Inc.	919 603-7965
Building Contractor's Company Name	Telephone
2550 Capitol Dr. Creedmoor, NC 27522	edward@wynnconstruct.com
Address / / / / / /	Email Address
of durad Queres	46295
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Ir	nformation
Description of Work New Construction Serv R. A. Jackson	vice Size: 200_Amps_T-Pole: ✓Yest
	919 730-1251
Electrical Contractor's Company Name	Telephone
9261 Raleigh Road Benson NC 27504	
of other and the second	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	2114
Mechanical/HVAC Contractor/Onicer(s) of Corporation	License # tor Information
Description of Work New Construction	
Stephenson HVAC	919 329- 0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Garner, NC 27529	(clephone
Address	Email Address
In Stephen	18644
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor In	
Description of Work New Construction	# Baths_3
Thorton's Plumbing	919 669-8655
Plumbing Contractor's Company Name	Telephone
3160-A Omar Rd. Clayton, NC	
Address	Email Address
that how	22152
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor In	
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.

Please answer the following questions then see a Permit Technician to determine if you qualify for p Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo	lome ermit under Owners Exemption. o available upon request)
1. 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
4. 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 consec months following completion of construction and do you understand that you do not do so, it creates the presumption under law that you frauduler secured the permit?	if
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, Ele Mechanical codes, and the Harnett County Zoning Ordinance. I state the info contractors is correct as known to me and if <u>any</u> changes occur including listed number of bedrooms, building and trade plans, Environmental Health permit cha changes, I certify it is my responsibility to notify the Harnett County Central Pe any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00.	ectrical, Plumbing and ormation on the above contractors, site plan, anges or proposed use rmitting Department of
Skinature of Owner/Contractor/Officer(s) of Corporation Date	-10
Signature of Owner/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S	· · · · ·
Signature of Owner/Contractor/Officer(s) of Corporation Date	. 87-14
Signature of Owner/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the:	. 87-14 ontractor or Owner
Signature of Owner/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpor	. 87-14 ontractor or Owner ration(s) performing the work
Signature of Owner/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpor set forth in the permit:	. 87-14 ontractor or Owner ration(s) performing the work on insurance to cover them.
Signature of Owner/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpor set forth in the permit: Has three (3) or more employees and has obtained workers' compensatio Has one (1) or more subcontractors(s) and has obtained workers' compensatio	. 87-14 ontractor or Owner ration(s) performing the work on insurance to cover them. nsation insurance to cover
Signature of Owner/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpor set forth in the permit: Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) who has their own policy of workers	. 87-14 ontractor or Owner ration(s) performing the work on insurance to cover them. nsation insurance to cover
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Plan Box Number A A -13

Job Name<u>Tingen Point</u>é Date: <u>8-26-10</u>

Required Inspections for SFA/SFD

Appl. #<u>10-5-24935</u> Valuation <u>#158,596</u> Sq. Feet

Sequence

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R* Bldg. Footing R* Elec. Temp Service Pole **R*** Building Foundation Address Confirmation **Open Floor** R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In> 2500 Three Trade Rough In Three Trade Rough In> 2500 Two Trade Rough In Two Trade Rough In> 2500 One Trade Rough In One Trade Rough In > 2500 **R*** Insulation Four Trade Final Four Trade Final > 2500 Three Trade Final Three Trade Final > 2500 Two Trade Final Two Trade Final > 2500 One Trade Final One Trade Final > 2500 Envir. Operations Permit