* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2783 www.hamett.org/permits

Application # 10 500 24936

Application for Residential Building and Trades Permit

Owner's Name: Wynn Construction, INC.	Date: 6-21-/
Site Address: 251 Gold CT.	Phone: 99 603 - 7965
Directions to job site from Lillington: Hwy 27 W To C	MAHA Br.
Left ON OMAHA RIGHT ON GO	old CI:
LOTIOI ON LEFT	
Subdivision: TENGEN POINITE	Lot: /6/
Description of Proposed Work: New Constraction	/ # of Bedrooms:
Heated SF: 1387 Unheated SF: 450 Finished Bonus Room?	Crawl Space: Slab:
General Contractor Information	
Wym Construction, INC.	919 603-7965
uilding Contractor's Company Name	Telephone
2550 CAPITOL Dr.	Edwarde winnesustration
ddress	Email Address
46295	
Description of Work New CoastructIDM Service Size:	n ./
Description of Work New CoustructIDN Service Size:	Zoo Amps T-Pole: YesNo
R.A. Jackson	919 730-1251
Electrical Contractor's Company Name	Telephone
9261 Raleigh Road Benson, NC 27504	Email Address
ddress	- Ciliali Addiess
<u> 21144</u> icense #	
Mechanical/HVAC Contractor Inform	<u>nation</u>
Description of Work <u>New Construction</u>	
Stephenson HUAC	919 329-0686
Machanical Contractor's Company Name	Telephone
343 Shipwash Dr Garner, NC 27529	
Address	Email Address
18644	
License # Plumbling Contractor Informatic	on
11 0 0 0 0 0 0	# Baths 3
	" VAII O
Plumbing Contractor's Company Name	Telephone
3/60-A ONAT Rd Clayton NC	- 24
Address	Email Address
2215Z	
license #	
Insulation Contractor Informati	919 661-0999
TaTum Insulation Insulation Contractor's Company Name & Address	Telephone
inclieston i innigeror e i amarany ivama & AUUISS	, 0,001,01,0

*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)
1. Do you own the land on which this building will be constructed? Yes No
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 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 is as per current fee achedule.
of College and anguest 6-21-11
Signature of Owner/Contractor/Officer(s) of Corporation Date
of College and anever 6-21-11
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
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 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

04/11