

Application # 10-500-25/02

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: 6-3-20
Site Address: 47 Juno Dr	Phone: 919 603 - 7965
Directions to job site from Lillington: 27 W to OMAHA	Dr
Left ON OMRHA Dr. LEFTON JUN	o Dr. 2nd
LOTON heft	
Subdivision: TINGEN POINTE	Lot: 35
Description of Proposed Work: New Constructions	# of Bedrooms: 3
Heated SF: 1665 Unheated SF: 531 Finished Bonus Room? . 1	To Crawl Space: V Slab:
Constant Contractor Information	
Building Contractor's Company Name	919 603-7965
Building Contractor's Company Name	Telephone
2550 COPITOL Dr.	edwardo winconstruction
Address 46295	Email Address
license #	
Description of Work New Construction Service Size:	
	Amps I-Pole: YesNo
P.A. Jackson	9/9 730-725/ Telephone
Paleich Road Benson NC 27504	retephone
Address	Email Address
21144	
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work / Lew Construction	010 220 0/ 0/
Stephenson HUAC	919 329 - 0686 Telephone
Mechanical Contractor's Company Name	relephone
343 Shipwash Dr Garner, NC 27529 Address	Email Address
18644	
License #	
Plumbing Contractor Information	
Description of Work New Construction	_# Baths3
Thortons Hunding	
Plumbing Contractor's Company Name	Telephone
3/60A Omar Rd Clayton NC	Email Address
Address 22\52	Email Addices
License #	
Insulation Contractor Informatio	n ~
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 Quest	Homeowners Applying to Build Their Owr nswer the following questions then see a Permit Technician to determine if you qualify to onnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Me	or permit under Owners Exemption
1. D	you own the land on which this building will be constructed?	YesNo
	ve you hired or intend to hire an individual to superintend and se construction of the project?	Yes No
3. D	you intend to directly control & supervise construction activities?	Yes No
4. Do	you intend to schedule, contract, or directly pay for all phases of uction work to be done?	Yes No
monti you d	you intend to personally occupy the building for at least 12 consess following completion of construction and do you understand the not do so, it creates the presumption under law that you frauduled the permit?	at if
and to Mechanic contract permit number change any are EXPIF	y certify that I have the authority to make necessary application, that at the construction will conform to the regulations in the Building, I nical codes, and the Harnett County Zoning Ordinance. I state the inters is correct as known to me and that by signing below I have obtains in these permits and if any changes occur including lister of bedrooms, building and trade plans, Environmental Health permit of all changes. ED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00 fourrent fee schedule. The of Owner/Contractor/Officer(s) of Corporation Date	Electrical, Plumbing and information on the above ined all subcontractors ed contractors, site plan, changes or proposed use Permitting Department of
	Affidavit for Worker's Compensation N.C.G.	C 07 1/
The u	dersigned applicant being the:	.5. 01-14
	General Contractor Owner Officer/Agent of the	Contractor or Owner
Do he set for	by confirm under penalties of perjury that the person(s), firm(s) or corp i in the permit:	poration(s) performing the work
	las three (3) or more employees and has obtained workers' compensa	ation insurance to cover them.
them.	las one (1) or more subcontractors(s) and has obtained workers' comp	pensation insurance to cover
coveri	las one (1) or more subcontractors(s) who has their own policy of work themselves.	kers' compensation insurance
	las no more than two (2) employees and no subcontractors.	
Depart to issu	orking on the project for which this permit is sought it is understood that nent issuing the permit may require certificates of coverage of worker's not of the permit and at any time during the permitted work from any pout the work.	compensation insurance prior
Comp	ny or Name: Wyny Construction, clive,	·······
	Fitle: 1 Charl Cheroff	Date: 6-3-201/

Plan Box Number AA-13	Job Name_	TINGEN POINT #35
	Date 6/6	/11
Required Inspections for SFA	Appl #_10;	1934
10 10-30 20 20 20 30-999 30-999 30-999 30-999 40 40 40 40 40 40 40 40 60 60 60 60 60 60 60 60 60	R* Bldg Footing R* Mono Slab R* Elec Temp Service Pole Foundation Survey 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 Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Three Trade Final Three Trade Final Three Trade Final Two Trade Final Two Trade Final Two Trade Final Two Trade Final	Slab Mono Crawl
50	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	