

* 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 910-893-2793 www.harnett.org/permits

Application # 1050025302

Application for Residential Building and Trades Permit

Owner's Name: Wynn Construction, Inc. Date: 10-8-10
Site Address: 25 Oak Leaf Dr. Phone: 919 603-7965
Directions to job site from Lillington: NOIN To Fork In Road. Take left
For Mc Dougald Rd. ~ 4-5 miles on Right

Subdivision: Summer Hill Lot: 1 Acs .51
Description of Proposed Work: New Construction Kendall II B GL # of Bedrooms: 3
Heated SF _____ Inheated SF _____ Finished Bonus Room? N Crawl Space: Slab: _____

General Contractor Information

Wynn Construction, inc. 919 603-7965
Building Contractor's Company Name Telephone
2550 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
9261 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
Stephenson HVAC 919 329-0686
Mechanical Contractor's Company Name Telephone
343 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 # Baths 3
Thonon's Plumbing 919 669-8655
Plumbing Contractor's Company Name Telephone
3160-A Omar Rd. Clayton, NC
Address Email Address
[Signature] 22152
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

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 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 E Annett
Signature of Owner/Contractor/Officer(s) of Corporation

10-8-10
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 E Annett*, COO

Date: 10-8-10

