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

Application # 10 500 25 303

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

108 E. FRONT ST.

Application for Residential Building and Trades Permit

Owner's Name: Wynn Construction, Inc.	Date: 10-5-10
Site Address: 55 Oak Leaf Dr.	Phone 919 603-7965
Directions to job site from Lillington: 40/NTo Fork	in Paul Take left
fork McDongald Rd. = 4-5 mil	es on KIGHT.
- Jones	es of clops.
Subdivision: SUMMET HILL	Lot 2 552e . 57
	12N GL # of Bedrooms: 3
Heated SE /UNG Linksgind SE 507	# Of Bedrooms.
Heated SF /409 Inheated SF 542 Inished Bonus R General Contractor Infe	oom? / 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 and Address	Email Address
L. Edher Cherl	46295
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work New Construction Service	formation
R. A. Jackson	ce Size: 200 Amps T-Pole: ✓ YesNo
Electrical Contractor's Company Name	919 730-1251 Tolonbono
9261 Raleigh Road Benson NC 27504	Telephone
Address, /	Email Address
1A lucha	21144
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contracto	or Information
Description of Work New Construction	
Stephenson HVAC	919 329- 0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Gamer, NC 27529	
Address	Email Address
1 de la companya del companya de la companya del companya de la co	18644
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Inf	License #
Description of Work New Construction	
Thorton's Plumbing	# Baths ³
Plumbing Contractor's Company Name	919 669-8655
3150-A Omar Rd. Glayton, NC	Telephone
Address	Email Address
File Water	22152
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Inf	
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
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? 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 if <u>any</u> 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.
Signature of Owner/Contractor/Officer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14
The undersigned applicant being the:
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor or Owner
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
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:
General Contractor Owner Officer/Agent of the Contractor or Owner Officer/Agent of the Contractor of Owner Officer/Agent of the Contractor of Owner Officer/Agent of the Contractor of Owner Officer/Agent of Owner Officer/Agent of Owner
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
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.
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

Plan Box Number AA 13

Job Name Samuel Hill

Date: 10-11-10

Required Inspections for SFA/SFD

Appl. # 1650025363 Valuation # 119612 Sq. Feet 1841

Sequence