Application # 10500 25 720

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & prone must match. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
\$10-893-7525 Fax 910-893-2793 www.hamett.org/permits

Lily

Application for Residential Building and Trades Permit

,	Owners Name: Wynn Construction, INC.	Date: _/9-/3
	Site Address: 4/2 DMAHA DT-	Phone: 919-603-7965
	Directions to job site from Lillington: Hwy 27 Wesk	
A	10A4 00 Time	
	· ·	
ner.	Subdivision Tingen Pointe	Lot: 85
	Description of Proposed Work New Coastructie	# of Bedrooms: 3
Sila	Heated SF /885 Unheated SF 6 Finished Borius Room? General Contractor Informs	Crawl Space: Slab:
	Wirm Construction, INC.	919 603-7965
	Building Contractor's Company Name	Telephone
	2550 CAPITOL Dr.	Educate wincoustration
	46295	Email Address
	License #	
	Description of Work West Constructor Informs	ation
	Description of Work News Construction Service Size R. A. Jackson	
	Electrical Contractor's Company Name	9/9 730-/25/ Telephone
	9261 Raleigh Road Reuson NC 2750	94
	Address 2/14/4	Email Address
	License #	
	Mechanical/HVAC Contractor Info	ermation
	Description of Work (Lew) Construction	
	Mechanical Contractor's Company Name	919 550- 7716
	5212 Us Hary 70 Bus W. Clay TON, MC	Telephone
	Appress	CATOLINA CONFORTAIT QUAROC. CON Email Address
	29077	THE PART GOS
	License #	
	Description of Work New Coast us Tree	
	Thatan's Plubing	# Baths
	Plumbing Contractor's Company Name	Telephone
	3/60A Onar Dd Clauton Ale	, and high the
	(Table 1999)	Email Address
	22152 License #	
	Insulation Contractor Internal	tion
	_ A LAN LASU/37 TON	919 661-0999
	Insulation Contractor's Company Name & Address	Talcabasa

'NOTE: General Contractor must fill out and sign the second page of this application.

Analysis to Ruild Their Own Home			
Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technican 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)			
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?			
3 Do you intend to directly control & supervise construction activities? Yes No			
Do you intend to schedule, contract, or directly pay for all phases of			
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 traudulently secured the permit? YesNo			
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 tee is \$150.00. After 2 years re-issue fee is as per current fee achedule. 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.			
to issuance of the permit and at any time during the permitted work from any person, firm or corporation			
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