## Harneri County Central Permitting

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## Trainer County Central Permitting Filmox En alington 101 27646 Filmox Control Structure Security Lot 5 Roxbury Application for Residential Building and Trades Permit

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Section OF 207,9 Harmaned SF 533 Transferd Bong	# of Bedrooms 3
General Contractor	Information Clawl Space Slap Y
	919 603-7965
naing Contractor's Company Name	Telephone
Tability and Dr. Charamage, NC 27512	edward@wynnconstruct.com
idress	Email Address
and the Other Control of the Barbara	48295
gnature of Owner/Contractor/Officer(s) of Corporation	License #
Scription of Versi New Constructor	
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actica: Contractor s Company Name	H10 7.30-126:
of Swear Raya Beason NC 27564	Telephone
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r tracure of Owner Contractor/Officer(s) of Corporation	21144
Mechanical/HVAC Contra	LICENSE #
solution of West New Communities	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ColoribVAC	245, 255, 10000
chanical Contractor's Company Nante	215 329-0688 Telephone
Shipword Dr. Garder, Nr. 127626	cashoolis
<del>des</del> s	Émail Address
	18644
nature of Owner/Contractor/Officer(s) of Corporation	license #
Plumbing Contractor	Information
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Maria Pharmach	# Baths <sup>2</sup> 919 069-8655
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stark, or OwnerContractor Officer shot Corporation	REGISCO H
Insulation Contractor t	ntormation
Control of the second s	919 861 <b>-</b> 0999
silo.) 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)		
Do you own the land on which this building will be constructed?  YesNo		
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		
Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?  Yes 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? 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 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:		
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: Date: 17-31-10		

Slab.

Plan Box Number AA - 13

Job Name Rotte's Roger

Date: 1 - 6 - 11

Required Inspections for SFA/SFD

Appl. # 11-50025844 Valuation 163078 Sq. Feet 2510

## Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp. Man
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
40	Three Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit