

Application # 11-500-25845

Harnett County Central Permitting

1525 South Wilmington, NC 27706

Phone: 919-603-7965 Fax: 919-603-7966 www.harnett.com

LOT 111 TAYLOR

Application for Residential Building and Trades Permit

Contractor Name: Harnett Developers, LLC Date: 12-31-10

Address: 99 Kentucky Derby Ln. Phone: 919-603-7965

Directions to job site from Livingston: HWY 27W To Doc's Rd. LEFT ON Doc's Rd. RIGHT ONTO Kentucky Derby Ln. INTO Trotter's Ridge

Address on: Trotter's Ridge Lot: 111 size .48

Description of Proposed Work: New Construction # of Bedrooms: 4

Finished SF: 2212 Unfinished SF: 486 Finished Bonus Room? Crawl Space STOM Slab

General Contractor Information

Contractor's Name: _____ Telephone: 919-603-7965

Company Address: _____ Telephone: _____

Address: _____ Email Address: edward@wynnconstruct.com

Address: _____ Email Address: 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

Contractor's Name: _____ Telephone: 919-736-1251

Company Address: _____ Telephone: _____

Address: _____ Email Address: _____

Address: _____ Email Address: 21144

Signature of Owner/Contractor/Officer(s) of Corporation: _____ License #: _____

Mechanical/HVAC Contractor Information

Description of Work: New Construction

Contractor's Name: _____ Telephone: 919-329-0656

Company Address: _____ Telephone: _____

Address: _____ Email Address: _____

Address: _____ Email Address: 18644

Signature of Owner/Contractor/Officer(s) of Corporation: _____ License #: _____

Plumbing Contractor Information

Description of Work: New Construction # Baths: 3

Contractor's Name: _____ Telephone: 919-669-8655

Company Address: _____ Telephone: _____

Address: _____ Email Address: _____

Address: _____ Email Address: 22152

Signature of Owner/Contractor/Officer(s) of Corporation: _____ License #: _____

Insulation Contractor Information

Contractor's Name: _____ Telephone: 919-661-0999

Company 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.


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

12/31/10
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.

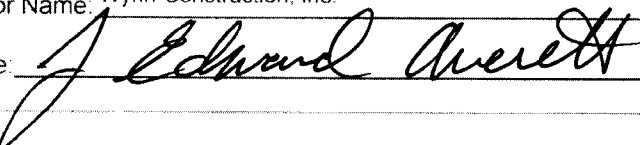
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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:  Date: 12-31-10

