

Application # 11-500-25847

Harnett County Central Permitting
150 Newell Rd. Raleigh, NC 27605
Phone: 919-721-1100 Fax: 919-721-1100

LOT 113 CRIMSON

Application for Residential Building and Trades Permit

Contractor Name: Harnett Land Developers, LLC Date: 12-31-10
Address: 47 Kentucky Derby Ln. Phone: 919-603-7965
Directions from site from a major road: HWY 27W To Doc's Rd. LEFT ON Doc's Rd.
RIGHT ONTO Kentucky Derby Ln. INTO TROTTER'S RIDGE

Address: Trotter's Ridge Lot: 113 size: .48
Description of Proposed Work: New Construction # of Bedrooms: 4
Gross SF: 2470 Unfinished SF: 681 Insulated Basement Room? Crawl Space STOM Slab

General Contractor Information

Contractor's Company Name: _____ Telephone: 919-603-7965
Address: _____ Email Address: edward@dwynncconstruct.com
Signature of Owner/Contractor/Officer(s) of Corporation: _____ License #: 46295

Electrical Contractor Information

Description of Work: New Construction Service Size: 200 Amps T-Pole Yes No
Contractor's Company Name: _____ Telephone: 919-730-1251
Address: _____ Email Address: 2114
Signature of Owner/Contractor/Officer(s) of Corporation: _____ License #: _____

Mechanical/HVAC Contractor Information

Description of Work: New Construction
Contractor's Company Name: _____ Telephone: 919-329-1667
Address: _____ Email Address: 18644
Signature of Owner/Contractor/Officer(s) of Corporation: _____ License #: _____

Plumbing Contractor Information

Description of Work: New Construction # Baths: 0
Contractor's Company Name: _____ Telephone: 919-669-8658
Address: _____ Email Address: 22152
Signature of Owner/Contractor/Officer(s) of Corporation: _____ License #: _____

Insulation Contractor Information

Contractor's Company Name & Address: _____ Telephone: 919-661-0599

*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.

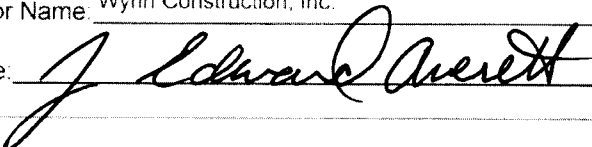
___ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

___ 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

Plan Box Number AA-13

Job Name Trotter's Ridge

Date: 1-7-11

Required Inspections for SFA/SFD

Appl. # 11-5-25847

Valuation \$188,353

Sq. Feet 2899

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.
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