Lich semine below to be lifted and by velome set purioniting work.
Note the rewner in licensed consists. Address carepiany tipme & phone rayes match.

Application # 11-500-25848

Harnett County Central Permitting

270 Box 50 Uthrigton, NC 27546 910 Sec. 525, Fax 910-893, 2793 www.harriest.org/permits

LOT 114 DOVET

Application for Residential Building and Trades Permit

Owner's Name Harnett Developers LA	<u> </u>
Ste Address 19 Kentucky Derby LA	V. Phone 7/9 663 7965
Directions to job site from Lillington: HWY 27W To Doc	's Rd. Loft on Dor's Rd
RIGHTONTO KENTUCKY Derby LN. INTO	TRATTOR'S DEALE
TATE	TROTTELS REDUC
Supplies Teother's Ridge	Lot 114 saze .48
Description of Proposed Work: New Construction	# of Bedrooms
Heaten SF 2753 Inheated SF 876 Inished Bonus Ro <u>General Contractor Info</u>	rmation Crawl Space Stab: Y
Wysa Construction, Inc.	919 603-7 9 65
Building Contractor's Company Name	Telephone
2500 Capaci D: Croedmoor NC 27522	edward@wynnconstruct.com
Address 2 - 2 - 27	Email Address
<u>and the free Allegera and the contract of the</u>	46295
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work New Construction Service	ormation
N. A. adokara	e Size. 280 Amps T-Pole. ✓ YesNo
Electrical Contractor's Company Name	919 730-1251
1201 Kaleigh Rose Beisen NC 27564	Telephone
Address	Email Address
	2114 4
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor	
Description of Work New Construction	
Surplice and HVAC	919 329- 0686
Mechanical Contractor's Company Name	Telephone
143 Sropwash Dr. Gamer NC 27529	
Address	Email Address
Complete Com	18644
Signature of Owner:Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Info	prmation
Jescription of Work New Construction	# Baths 3
fectors Painting	919 669-8655
Plumoing Confractor's Company Name	Telephone
s150-A Umai Rd - Glayton, INC	_
Address	Email Address
	22152
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Info	License #
Establing agen	A Comment
nsulation Contractor's Company Name & Address	919-661-9999
	Telephone

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

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. Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Affidavit for permit that the person(s), firm(s) or corporation(s) performing the worker 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) who has their own policy of workers' compensation insurance to cover them. 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 and at any time during the permited work from any person, firm or corporation to issuance of the permit and at any time during the permited work from any person, firm or corporation to issuance of the permit and at any time during the permited work from any person, firm or corporation to the project for which the permited work from any person, firm or corporation to the project for which this permit is sought to suddent that the Central Permitting to issuance of the permit and at any time during the permited work from any person, firm or corporation.	Please answer the following questions ther Questionnaire per G.S. 87-14 Reg	i see a Permit Technici ulations as to Issue	an to determine if you qua e of Building Permits	ılify for permit υ (Memo ava	inder Own İl able up	ers Exemption. on request)
manage construction of the project?	Do you own the land on white	ch this building w	ill be constructed?		Yes	No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?			to superintend and		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 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. Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Affidavit for worker's Compensation insurance to cover them the permit. Has one (1) 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 to 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 and at any time during the permitted work from any person, firm or corporation carrying out the work.	3. Do you intend to directly cor	itrol & supervise	construction activit	ies?	Yes _	No
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 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. 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 worker 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 pri to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.		contract, or direct	ly pay for all phase		Yes _	No
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						

Plan Box Number	A 13
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Job Name Trothers Rubje.

Date: 1 - 12-11

Required Inspections for SFA/SFD

Appl. # 11-50075848

Valuation 27 1878

Sq. Feet 3415

Sequence

R* Bldg. Footing R* Elec. Temp Service P R* Building Foundation Address Confirmation Open Floor	ole		
20 R* Building Foundation 20 Address Confirmation 30-999 Open Floor	ole		
20 Address Confirmation 30-999 Open Floor			
30-999 Open Floor			
20,000			
30-999 R* Bldg. Slab Insp. ~	md		
30-999 R* Elec. Under Slab			
30-999			
40 Four Trade Rough In			
Four Trade Rough In> 25	00		
Three Trade Rough In			
40 Three Trade Rough In> 2	500		
Two Trade Rough In			
40 Two Trade Rough In> 25	Two Trade Rough In> 2500		
40 One Trade Rough In			
40 One Trade Rough In > 25	00		
50 R* Insulation			
Four Trade Final			
Four Trade Final > 2500			
Three Trade Final			
Three Trade Final > 2500			
Two Trade Final	Two Trade Final		
Two Trade Final > 2500			
60 One Trade Final			
60 One Trade Final > 2500	One Trade Final > 2500		
999 Envir. Operations Permit			