* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www harnett org/permits

Application # 1150026166 |
Extended 3/2/11

Application for Residential Building and Trades Permit

Owner's Name: HATNETT Developers LLC	Date:	
Site Address: 186 Kentucky Perby Directions to job site from Lillington: NC 27W to Nurs To Docs Rd. Right on Docs Rd.	LN. Phone: 919 603-7965	
Directions to job site from Lillington: NC 27W to Nurs	sery Ed. Left ON Nursery Ed	
to Does Rd. RIGHT ON Dors Pd.	2-3 miles on Left	
Se per la		
Subdivision: Trotters RIDGE	Lot: 7 ,47	
Subdivision: // KCT/CT / KE/PBC		
Description of Proposed Work: New Construction	# of Bedrooms: 4	
Heated SF: 2355 Unheated SF: 470.3 Finished Bonus Ro	oom? <u>963</u> Crawl Space: Slab:	
General Contractor Info	ormation 919 603-7965	
Wynn Construction, Inc.		
Building Contractor's Company Name	Telephone	
2550 Capitol Dr. Creedmoor, NC 27522	edward@wynnconstruct.com Email Address	
Address Man Michael A	46295	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Electrical Contractor Inf	<u>formation</u>	
Description of Work New Construction Service	ce Size: <u>200</u> Amps T-Pole: ✓ YesNo	
R. A. Jackson	919 730-1251	
Electrical Contractor's Company Name	Telephone	
9261 Raleigh Road Benson NC 27504		
Address	Email Address	
- Koloman - Colombia -	21144	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical/HVAC Contracto	or information	
Description of Work New Construction		
Stephenson HVAC	919 329- 0686	
Mechanical Contractor's Company Name	Telephone	
343 Shipwash Dr. Garner, NC 27529		
Address	Email Address	
Tang Stynn	18644	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor In:	License # formation	
Description of Work New Construction	# Baths 3 • 5	
	919 669-8655	
Thorton's Plumbing Plumbing Contractor's Company Name	Telephone	
	relephone	
3160-A Omar Rd. Clayton, NC Email Address		
Address	22152	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor In		
Tatum Insulation	919 661-0999	
Insulation Contractor's Company Name & Address	Telephone	

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Homeowne Please answer the following questions then see Questionnaire per G.S. 87-14 Regulat	ers Applying to Build a Permit Technician to determine tions as to Issue of Building		
1. Do you own the land on which	this building will be const	ructed?	Yes No
2. Have you hired or intend to hire manage construction of the project	e an individual to superin t?	tend and	Yes No
3. Do you intend to directly contro	ol & supervise construction	on activities?	Yes No
4. Do you intend to schedule, corconstruction work to be done?	ntract, or directly pay for a	all phases of	Yes No
5. Do you intend to personally oc months following completion of co you do not do so, it creates the pr secured the permit?	instruction and do you ut	lucistanu macii	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 <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			
is as per current fee schedule.	er(s) of Corporation		
Signature of Owner/Contractor/Offic	r Worker's Compens	Date	<u>, </u>
Signature of Owner/Contractor/Office	or Worker's Compens	Date	-14
Signature of Owner/Contractor/Office Affidavit for The undersigned applicant being the General Contractor Do hereby confirm under penalties of the contractor and the contractor and the contractor are contractor.	or Worker's Compens Owner Office	Date ation N.C.G.S. 87 er/Agent of the Contra	-14 actor or Owner
Signature of Owner/Contractor/Office Affidavit for The undersigned applicant being the General Contractor	or Worker's Compens Owner Office of perjury that the person(s)	Date ation N.C.G.S. 87 er/Agent of the Contra firm(s) or corporation	-14 actor or Owner n(s) performing the work
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Signature of Owner/Contractor/Office Affidavit for The undersigned applicant being the General Contractor Do hereby confirm under penalties of set forth in the permit: Has three (3) or more employence that one (1) or more subcontractor	or Worker's Compens Owner Office of perjury that the person(s) yees and has obtained work tractors(s) and has obtained	Date ation N.C.G.S. 87 er/Agent of the Contra firm(s) or corporation kers' compensation in d workers' compensat	c-14 Ictor or Owner In(s) performing the work Isurance to cover them Ion insurance to cover
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Signature of Owner/Contractor/Office Affidavit for The undersigned applicant being the General Contractor Do hereby confirm under penalties a set forth in the permit: Has three (3) or more employened them. Has one (1) or more subcontractor Has one (1) or more subcontractor Has one (1) or more subcontractor While working on the project for who Department issuing the permit may to issuance of the permit and at an carrying out the work.	or Worker's Compens Owner Office Office of perjury that the person(s) yees and has obtained wor tractors(s) and has obtained tractors(s) who has their ow inployees and no subcontra ich this permit is sought it is require certificates of covery y time during the permitted	ation N.C.G.S. 87 er/Agent of the Contra of firm(s) or corporation kers' compensation in d workers' compensat on policy of workers' contra ctors. s understood that the trage of worker's components of work from any person	ctor or Owner n(s) performing the work surance to cover them ion insurance to cover ompensation insurance Central Permitting

Plan Box Number_	By Job Name Wyss	
	Date: 3/2/11	
Required Inspection	as for SFA/SFD	
	Appl. #	
	Sq. Feet 2823	
Sequence		
10	R* Bldg. Footing	
10	R* Mono Slab	
10-30	R* Elec. Temp Service Pole	
20	Foundation Survey	
20	R* Building Foundation	
20	Address Confirmation Slab	
30-999	Open Floor	
30-999	R* Bldg. Slab Insp. Mono	
30-999	R* Elec. Under Slab	
30-999	R*Plumb. Under Slab Crawl	
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	