* 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 # 1150026167, 11

Application for Residential Building and Trades Permit

Owner's Name: Harnett Developers LLC	Date: <u>3-/-//</u>
Che Address 7550 Califol DC.	Phone: 9/9 603-7965
Directions to job site from Lillington. 27 W To Nursery E	d Lefton Nursery Rd.
to Docs Rd. RIGHTON DOCS Rd. 2-3 mile	es on left 215
Subdivision Totters Ridge	Lot: 107 . 46
Description of Proposed Viole	# of Bedrooms: 4
Heated SF: 2772 _ Unheated SF: 1588 _ Finished Bonus Room General Contractor Inform	
Wynn Construction, Inc.	919 603-7965
Building Contractor's Company Name	Telephone
2550 Capitol Dr. Creedmoor, NC _x 27522	edward@wynnconstruct.com
Address // / / / /	Email Address
It William Which	46295
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Inform	<u>nation</u> Size: <u>200</u> Amps T-Pole:
	919 730-1251
R. A. Jackson	Telephone
Electrical Contractor's Company Name 9261 Raleigh Road Benson NC 27504	, dispilatio
Address Address	Email Address
Address	21144
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor In	<u>nformation</u>
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
any Stym	18644
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Inform	License #
	# Baths ³
Description of Work New Construction	919 669-8655
Thorton's Plumbing	Telephone
Plumbing Contractor's Company Name	тегерпопо
3160-A Omar Rd. Clayton, NC	Email Address
Address	22152
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Infor	
Tatum Insulation	919 661-0999
Insulation 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)			
1. 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			
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 <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. 3-/-// 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: 1 Date: 3-1-11			
Company of Name			

PA	4	1 1 1
Plan Box Number	Job Name_	Wynn Const.
	Date: 3	4/11
Required Inspections for SFA/	SFD	15-1 3/1/2
	Appl. #	150626167
	Valuation 💆	231,234
	Sq. Feet	3559
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 2500	
40	Two Trade Rough In> 2500	
40	One Trade Rough In 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	