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

Application # 1150036247 Harnett County Central Permitting

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

Application for Residential Building and Trades Permit

Owner's Name: Wynn Construction, Inc.		
Site Address: 115 oak leaf Or.	Phone: 919/02-79/5	
Directions to job site from Lillington: 401 N. take le Subciutation on the right 4-51	ft fork MrDougald Pd	
Subdivision on the right 4-51	niles	
Subdivision: Summerhill	Lot: 5	
Description of Proposed Work: New Construction	# of Bedrooms: 3	
Heated SF: 424 Unheated SF: 542 Finished Bonus F	Room? N Crawl Space: V Slah	
General Contractor Inf	ormation	
Wynn Construction, Inc.	919 603-7965	
ding Contractor's Company Name Telephone		
2550 Capitol Dr. Creedmoor, NC ₂ 27522	edward@wynnconstruct.com	
Address // / / / / / / /	Email Address	
Theren where w	46295	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Description of Work New Construction Servi	formation	
R A Jackson	ce Size: 200 Amps T-Pole: ✓ Yes No	
Electrical Contractor's Company Name	919 730-1251	
9261 Raleigh Road Benson NC 27504	Telephone	
Address Address		
Address Q D	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	21144	
Mechanical/HVAC Contractor	License #	
Description of Work New Construction	- mormation	
Stephenson HVAC	919 329- 0686	
Mechanical Contractor's Company Name		
343 Shipwash Dr. Garner, NC. 27529	Telephone	
Address	Email Address	
any Stym	18644	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Plumbing Contractor Inf		
Description of Work New Construction	# Baths ³	
Thorton's Plumbing	919 669-8655	
Plumbing Contractor's Company Name	Telephone	
3160-A Omar Rd. Clayton, NC	relephone	
Address/	Email Address	
Hudt Himler	22152	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Inf		
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)		
Do you own the land on which this building will be constructed? Yes No		
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. Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
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		
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		
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.		
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		
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Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: 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.		
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Plan Box Number 6 F	Job Name_c	lyss.
	Date: 3/	114/11
Required Inspections for SFA/S	SFD Appl. #_// Valuation_ & Sq. Feet	
Sequence		
10 10 10-30 20 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 40 50 60 60 60	R* Bldg. Footing R* Mono Slab R* Elec. Temp Service Pole Foundation Survey R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Fough In One Trade Final Four Trade Final Four Trade Final	Slab Mono CrawlV
60 60 60	Three Trade Final > 2500 Two Trade Final Two Trade Final > 2500	

One Trade Final

One Trade Final > 2500 Envir. Operations Permit

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