* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 1150027045

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: WYNN CONSTRUCTION, INC.	Date: 6-23-2011	
Site Address: 168 HardIN LN.	Phone: 919 603-7965	
Directions to job site from Lillington: HWY 27W To 875		
RIGHTONTO HWY 24 To Marcs Rd Le	FTON Marcs Rd.	
5-6 miles Subdivision ON LIGHT		
Subdivision: Cooper Fatms	Lot:	
Description of Proposed Work: New Construction	# of Bedrooms: 3	
Heated SF: 1594 Unheated SF: 512 Finished Bonus Room?	N Crawl Space: Slab:	
General Contractor Information		
Wym Construction, INC.	919 603-7965	
Building Contractor's Company Name	Telephone	
2550 CAPITOL Dr.	edwarde w/nnconstruct.com	
Address	Email Address	
<u>46295</u> License #		
Flectrical Contractor Information	. /	
Description of Work New Construction Service Size:	Amps T-Pole: YesNo	
R.A. Jackson	919 730-1251	
Electrical Contractor's Company Name	Telephone	
9261 Raleigh Road Benson, NC 27504	Email Address	
Address 21144	Email Address	
License #		
Mechanical/HVAC Contractor Information		
Description of Work <u>New Construction</u>		
Stephenson HUAC	919 329-0686	
Mechanical Contractor's Company Name	Telephone	
343 Shipwash Dr Garner, NC 27529		
Address	Email Address	
18644		
License # Plumbing Contractor Information	•	
1/ 0 3 1- 1	# Baths 3	
	# Dattis	
Plumbing Contractor's Company Name	Telephone	
3/60-A OMER Rd Clayton NC		
Address	Email Address	
22152		
License #		
Insulation Contractor Informatio	MIQ / 11-0090	
Tatum Insulation	919 661-0999 Telephone	
Insulation Contractor's Company Name & Address	relephone	

*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? YesNo			
Have you hired or intend to hire an individual to superintend and manage construction of the project? Yes No			
Do you intend to directly control & supervise construction activities? Yes No			
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 that by signing below I have obtained all subcontractors permission to obtain these permits 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 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.			
Sign w/Title: Date: 6-23-201/			
Sign w/Title: Date: D'CS-CUTT			

Plan Box Number Apr 3	Job Name	147400
Tian Box Number / 17/1 5	Job Name	C GIVI
	Date:	7-1-11
Required Inspections for SFA	\SFD	
	Appl. #	150027045
	Valuation_	130830 160544
	Sq. Feet_	2106 2471
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 2
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	