

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 # \_\_\_\_\_

**Application for Residential Building and Trades Permit**

Owner's Name HARNETT Developers IIc Date 7-6-11  
Site Address \_\_\_\_\_ Phone 919 603 7965  
Directions to job site from Lillington 27W To Doc's Rd Left on Doc's Rd  
SUBDIVISION ON RIGHT

Subdivision TROTTERS RIDGE Lot 82  
Description of Proposed Work NEW CONSTRUCTION (DOVER) # of Bedrooms 4  
Heated SF 2953 Unheated SF 876 Finished Bonus Room? Y Crawl Space \_\_\_\_\_ Slab

**General Contractor Information**  
Building Contractor's Company Name Wynn Construction, INC. Telephone 919 603-7965  
Address 2550 CAPITOL Dr. Email Address edward@wynnconstruct.com  
46295  
License # \_\_\_\_\_

**Electrical Contractor Information**  
Description of Work NEW CONSTRUCTION Service Size 200 Amps T-Pole  Yes \_\_\_\_\_ No  
Electrical Contractor's Company Name R. A. Jackson Telephone 919 730-1251  
Address 9261 Raleigh Road Benson, NC 27504 Email Address \_\_\_\_\_  
21144  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**  
Description of Work NEW CONSTRUCTION Telephone 919 550-7716  
Mechanical Contractor's Company Name Carolina Comfort A/C INC Email Address Carolinacomfortair@yahoo.com  
Address 5212 US Hwy 70 Bus W Clayton, NC  
29077  
License # \_\_\_\_\_

**Plumbing Contractor Information**  
Description of Work NEW CONSTRUCTION # Baths 3  
Plumbing Contractor's Company Name Thornton's Plumbing Telephone \_\_\_\_\_  
Address 3160A Omar Rd Clayton NC Email Address \_\_\_\_\_  
22152  
License # \_\_\_\_\_

**Insulation Contractor Information**  
Insulation Contractor's Company Name & Address TATUM INSULATION Telephone 919 661-0999

\*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? \_\_\_ Yes \_\_\_ No
- 2 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 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

*J Edward Averett*  
Signature of Owner/Contractor/Officer(s) of Corporation

7-6-11  
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 *J Edward Averett*

Date 7-6-11

