

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 27548  
910 893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # 1151027220

**Application for Residential Building and Trades Permit**

Owner's Name Wynn Construction, Inc Date 7-19-11  
Site Address 137 OAK LEAF DR Phone 919603-7965  
Directions to job site from Lillington 401 N. To Fork IN THE Road  
TAKE left fork McDougald Rd ≈ 4-5 miles ON  
THE RIGHT

Subdivision SUMMER HILL Lot 6  
Description of Proposed Work New Construction # of Bedrooms 3  
Heated SF 1401 Unheated SF 534 Finished Bonus Room? N Crawl Space  Slab

**General Contractor Information:**  
Building Contractor's Company Name Wynn Construction, INC. Telephone 919 603-7965  
Address 2550 CAPITOL DR. Email Address eduardo.wynnconstruction.com  
46295  
License # \_\_\_\_\_

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

**Mechanical/HVAC Contractor Information**  
Description of Work New Construction  
Carolina Comfort Air Inc Telephone 919 550-7716  
Mechanical Contractor's Company Name \_\_\_\_\_  
Address 5212 US Hwy 70 Bus W. Clayton, NC Email Address CarolinaComfortAir@yahoo.com  
29077  
License # \_\_\_\_\_

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

**Insulation Contractor Information**  
Tatum Insulation Telephone 919 667-0999  
Insulation Contractor's Company Name & Address \_\_\_\_\_

\*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?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 Have you hired or intend to hire an individual to superintend and manage construction of the project?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 Do you intend to directly control & supervise construction activities?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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

7-19-11  
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 7-19-11