

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

Harnett County Central Permitting
PO Box 85 Lillington NC 27546
910 893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # 11500 27 221

Application for Residential Building and Trades Permit

Owner's Name Wyan Construction, Inc. Date 7-19-11
Site Address 165 OAK LEAF DR. Phone 919 603-7965
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 7
Description of Proposed Work NEW CONSTRUCTION # of Bedrooms 3
Heated SF 1364 Unheated SF 609 Finished Bonus Room? N Crawl Space Slab

General Contractor Information

Wyan Construction, INC. 919 603-7965
Building Contractor's Company Name Telephone
2550 CAPITOL DR. edward@wyanconstruct.com
Address Email Address
46295
License #

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

Description of Work NEW CONSTRUCTION
Carolina Comfort A/C INC 919 550-7716
Mechanical Contractor's Company Name Telephone
5212 US HWY 70 BUS W CLAYTON, NC carolinacomfortair@yahoo.com
Address Email Address
29077
License #

Plumbing Contractor Information

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

Insulation Contractor Information

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? ___ 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

7-19-11
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