

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

Application # 1150027813

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: 11-21-11  
Site Address: \_\_\_\_\_ Phone: 919 603-7965  
Directions to job site from Lillington: 27 W left on Doc's Rd  
RIGHT INTO SUBDIVISION left @ 1<sup>st</sup> left left  
HOSE WHISPERER LN.  
Subdivision: TROTTERS RIDGE Lot: 89  
Description of Proposed Work: NEW CONSTRUCTION # of Bedrooms: 4  
Heated SF: 3192 Unheated SF: 984 Finished Bonus Room? Y Crawl Space: \_\_\_\_\_ Slab:

**General Contractor Information**

Wynn Construction, INC. 919 603-7965  
Building Contractor's Company Name Telephone  
2550 CAPITAL DR edward@wynnconstruction.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 Air 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

11-21-11  
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: 11-21-11

Plan Box # AA13

Date 11-29-11

Job Name Wynn

App # 1150027813

Valuation <sup>\$</sup> 239,615

SQ Feet 3688

**Inspections for SFD/SFA**

Crawl \_\_\_\_\_

Slab \_\_\_\_\_

Mono

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

>2500

Foundation Survey \_\_\_\_\_

Envir. Health

Other \_\_\_\_\_  
\_\_\_\_\_

**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_