

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

Application # 12.50028153

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

DOVER GR

Application for Residential Building and Trades Permit

Owner's Name: Harnett Developers LLC Date: _____

Site Address: Horse Whisperer LN Phone: 919603-7965

Directions to job site from Lillington: 22W To Doc's Rd.
Left on Doc's Rd. Subdivision on RIGHT
3-4 miles

Subdivision: TROTTERS RIDGE Lot: 96

Description of Proposed Work: New Construction # of Bedrooms: 4

Heated SF: 2953 Unheated SF: 876 Finished Bonus Room? Yes Crawl Space: _____ Slab:

General Contractor Information

Wynn Construction, INC.

919 603-7965
Telephone

2550 CAPITOL DR

edward@wynnconstruction.com
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
Telephone

9261 Raleigh Road Benson, NC 27504

Email Address

21144
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
Carolina Comfort Air Inc.

919 550-7716
Telephone

5212 US Hwy 70 Bus W. Clayton, NC

carolinacomfortair@yahoo.com
Email Address

29077
License #

Plumbing Contractor Information

Description of Work New Construction # Baths 3

Thornton's Plumbing

Telephone

3160A Omar Rd Clayton NC

Email Address

22152
License #

Insulation Contractor Information

Tatum Insulation

919 661-0999
Telephone

*NOTE: General Contractor must fill out and sign the second page of this application.

Reviewed
1-20-12

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

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: *Wyn Construction, Inc.*
Sign w/Title: *J. Edward Averett* Date: _____