

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 # 12 500 28231

Application for Residential Building and Trades Permit

Owner's Name Wynn Construction, Inc. Date 1-17-12
Site Address 133 TAPT LN Phone 919 603 7965
Directions to job site from Lillington HWY 27 W TO 87 S
87 S TO HWY 24 TO MARCKS Rd Letton Marcks Rd
SUBDIVISION 4-5 miles ON RIGHT
Subdivision COOPER FARMS Lot 35
Description of Proposed Work New Constructed # of Bedrooms _____
Heated SF 1959 Unheated SF 498 Finished Bonus Room? Y Crawl Space _____ Slab X

General Contractor Information

Wynn Construction, INC. 919 603-7965
Building Contractor's Company Name Telephone
2550 CAPITOL 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 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

1-17-12
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 Way Construction, Inc.

Sign w/Title J Edward Averett

Date 1-17-12

Coppers Farms # 35

Date 1-25-12

Plan Box # AA-13

Job Name Wynn Cons

App # 1250028231

Valuation \$186,830

SQ Feet 2106

Inspections for SFD/SFA

Crawl _____

Slab _____

Mono X

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 No

Envir. Health Yes

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____