Application #

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
Sunflower II F

Application for Residential Building and Trades Permit

1.00	Owners Name Wynn Construction Inc.	Date 2.71-/2	
	Site Address 150 Taft Lane Cameron	Phone 919-603-7965	
1		14 875 to Hwy 24	
1	701-1-1	Subdivision on right	
.00	4-5 miles	Commission on right	
in,	Subdivision Cooper Farms	Lot _29	
mo.	Description of Proposed Work New Construction	# of Bedrooms 3	
V. D	Heated SF 1865 Unheated SF 653 Finished Bonus Room?	Y Crawl Space Slah	
	Wynn Construction, Inc.		
	Building Contractor's Company Name	919-603-7965 Telephone	
	2550 Capito 1 Dr., Suite 105, Creedmoor NC	edwarde wynnconstruct. com Email Address	
	46295		
	License #		
	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 Rd., Benson, NC 27504		
	Address 3 Address 21144	Email Address	
	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	carolinacomortaireyahoo.com	
	39077	Email Address	
	License #		
	Plumbing Contractor Information		
	Description of Work New Construction	#Baths 3	
	Thornton's Plumbing		
	Plumbing Contractor's Company Name	Telephone	
	3160-A Omar Rd., Clayton, NC	Email Address	
	<u>22152</u>	Province Western	
	License #  Insulation Contractor Information		
	Tatum Insulation		
	Insulation Contractor's Company Name & Address	919-661-0999 Telephone	

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/ee schedule 2-21-12 Signature of Owner/Contractor/Officer(s) of Corporation 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 Sign w/Title