

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

Application # \_\_\_\_\_

Hamett County Central Permitting  
PO Box 63 Lillington, NC 27548  
910-693-7525 Fax 910-693-2763 www.hamett.org/permits

Gottysburg GR

**Application for Residential Building and Trades Permit**

Owner's Name: Wynn Construction, Inc. Date: 5-31-13

Site Address: 37 Triple Crown Ct. Phone: 919603-7965

Directions to job site from Lillington: 224 To Doc's Rd.  
Left on Doc's Rd. Subdivision on RIGHT  
3-4 miles

Subdivision: TROTTERS RIDGE Lot: 69

Description of Proposed Work: NEW CONSTRUCTION # of Bedrooms: 3

Heated SF: 2209 Unheated SF: 2152 Finished Bonus Room? Yes 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

P. 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 Box 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.**

### Homesowners 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 Hamett 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 Hamett 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

5-31-13  
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: 5-31-13

### Designated Lien Agent

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Investors Title Insurance Company

*Online:* www.liensnc.com

*Address:* 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

*Email:* support@liensnc.com

*Fax:* (919) 489-5231

*Technical Support Hotline* (888) 690-7384

Entry Number: 13618

Filed by: wynnhomes

Payment Amount: \$25.00

Filing Date: 05/24/2013



### Owner Information

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wynn construction inc

2550 capitol dr., suite105

creedmoor

NC

27522

nancy@wynnconstruct.com

919-528-1347

### Project Property

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trotters ridge subdivision lot 69

37 triple crowne ct.

lillington

27546

03057020058

Map:

Block:

Lot: 69

Property Type: 1-2 Family Dwelling

### Original Contractor

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### Date of First Furnishing

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### Pre-Permit Workers

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none