

**Designated Lien Agent**

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Investors Title Insurance Company

*Online:* [www.liensnc.com](http://www.liensnc.com)

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

*Email:* [support@liensnc.com](mailto:support@liensnc.com)

*Fax:* (919) 489-5231

*Technical Support Hotline* (888) 690-7384

Entry Number: 51933

Filed by: wynnhomes

Payment Amount: \$25.00

Filing Date: 10/01/2013



**Owner Information**

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wynn constructioninc

2550 capitol dr., suite 105

creedmoor NC 27522

United States

919-528-1347

**Project Property**

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trotters ridge subdivision lot 58

39 seabiscuit ct.

Map:

lillington

Block:

NC 27546

Lot: lot 58

9597836625

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

**Pre-Permit Worker Emails**

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Plan Box # File

Date 2.17.16

Job Name Wynn

App # <sup>13</sup> 321037

Valuation \$ 226,464

SQ Feet 2359

Garage 486

= \_\_\_\_\_

**Inspections for SFD/SFA**

Crawl  \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Basement \_\_\_\_\_

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

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

Envir. Health  \_\_\_\_\_

Other \_\_\_\_\_

**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

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

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

Insulation \_\_\_\_\_

Final \_\_\_\_\_

Plan Box # AA3

Date 1-21-16

Job Name Wynn

App # 1350032137

Valuation <sup>\$</sup> 244446

SQ Feet 2359

Garage 486

= 2845

Inspections for SFD/SFA

Crawl

Slab

Mono

Basement

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey

Envir. Health

Other

Additions / Other

Footing

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final

17982

1360032637

Harnett County Central Permitting  
PO Box 66 Lillington, NC 27548  
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out  
by whom ever performing work  
Must be owner or licensed  
contractor Address company  
name & phone must match

**Application for Residential Building and Trades Permit**

SCANNED  
Date 2-11-16  
Phone 919-603-7967

Owner's Name Wynn Construction, Inc.  
Site Address 39 Seabiscuit Ct.  
Directions to job site from Lillington HWY 27W Left on Doos Rd  
Right into subdivision

Subdivision Trotters Ridge Lot 58  
Description of Proposed Work New Construction SFD # of Bedrooms 3  
Heated SF 2359 Unheated SF 802 Finished Bonus Room? Yes Crawl Space X Slab     

**General Contractor Information**

Wynn Construction, Inc 919 603-7965  
Building Contractor's Company Name Telephone  
2550 Capitol Dr. Ste 105 edward@wynnconstruct.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 Electric 919 730-1251  
Electrical Contractor's Company Name Telephone  
9261 Raleigh Rd. Benson, NC 27504  
Address Email Address  
21144

Address

License #

**Mechanical/HVAC Contractor Information**

Description of Work New Construction  
Certified Heat & Air 910 858-0000  
Mechanical Contractor's Company Name Telephone  
779 Sunset Lake Rd. Lumber Bridge, NC 28357  
Address Email Address  
NC200212 H3 Class I

Address

License #

**Plumbing Contractor Information**

Description of Work New Construction # Baths 2.5  
Thornton's Plumbing  
Plumbing Contractor's Company Name Telephone  
3160-A Omar Rd. Clayton, NC  
Address Email Address  
22152

Address

License #

**Insulation Contractor Information**

T2Tum 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

13 1032

3-11-18

82

808

828

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

*Edward Averett*  
Signature of Owner/Contractor/Officer(s) of Corporation

2-11-16  
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 *POB Edward Averett* Date 2-11-16

