

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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

Application for Residential Building and Trades Permit

Owner's Name Wynn Construction, Inc. Date _____
Site Address 34 Darbey Ct. Phone 919603-7967
Directions to job site from Lillington HWY 27W LEFT ON DOCS RD
Right into subdivision

Subdivision Trotters Ridge Lot 44
Description of Proposed Work New Construction SFD # of Bedrooms 3
Heated SF 2186 Unheated SF 792 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

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T-Pole Yes No
R.A. Jackson Electric 919730-1251
Electrical Contractor's Company Name Telephone
9261 Raleigh Rd. Benson, NC 27504
Address Email Address
21144

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

Plumbing Contractor Information

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

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

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 Everett
Signature of Owner/Contractor/Officer(s) of Corporation

7-27-2015
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 COO J. Edward Everett Date 7-27-15