Application # 1450033957

Own

* 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.hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Wyan Construction, INC Site Address: 38 Derley C+	Date: <u>Z-24-1</u> 5
Site Address: 38 Darley C+	Phone: 9/9 603-7965
Directions to job site from Lillington: ZTW To Doc's R	24
Lefton Doc's Rd. Subdivisions e	od Right
Subdivision: Trotters Ridge	Lot: 45
Description of Proposed Work: New Construction &	SFD # of Bedrooms: 4
Heated SF: 2540 Unheated SF: 796 Finished Bonus Room?	
General Contractor Information	10
Wym Construction, INC.	919 603-7965
Building Contractor's Company Name	Telephone
2550 CAPITOL Dr.	Educate w/Ancoustraction
Address 46295	Email Address
License #	
Electrical Contractor Information	2n. /
Description of Work New Construction Service Size:	
P. A. Jackson	919 730-1251
Electrical Contractor's Company Name	Telephone
9261 Raleigh Road Benson, NC 27564 Address	Email Address
21144	Email Address
License #	
Mechanical/HVAC Contractor Inform	m etion
Description of Work Lew Construction	
Certified Heat + Air	910 858-0000
Mechanical Contractor's Company Name	Telephone
779 Sunset to le Rd Lumber Bridge, NC 28357	
NZ ZODIZ H3 Class I	Email Address
License #	
Plumbing Contractor Information	Xn iga
Description of Work New Construction	# Baths 2, 5
Thorton's Plumbing	
Plumbing Contractor's Company Name	Telephone
3/60-A OMAT Rd Clayton NC	
Address	Email Address
22152	
License # Insulation Contractor Information	18
Tatum Insulation	919 661-0999
nsulation Contractor's Company Name & Address	Telephone
And the second of the second o	

*NOTE: General Contractor must fill out and sign the second page of this application.

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PERSONAL PROPERTY.

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)
Do you own the land on which this building will be constructed? YesNo
Have you hired or intend to hire an individual to superintend and manage construction of the project? YesNo
3. Do you intend to directly control & supervise construction activities?YesNo
Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? YesNo
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. 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: 1/2/2 Constructor, elic



Appointment of Lien Agent

Entry Number: 149350

Filed by: wynnhomes

Payment Amount: \$25.00

Filing Date: 06/12/2014

Online: www.liensnc.com

Investors Title Insurance Company

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

Email: support@liensnc.com

Fax: (919) 489-5231

Technical

Support Hotline: (888) 690-7384

Designated Lien Agent



Owner Information

wynn construction inc

2550 capitol dr.

creedmoor

NC

27522

United States

919-528-1347

nancy@wynnconstruct.com

Project Property

trotters ridge subdivision lot 45

38 darley ct.

lillington

NC

27546

Property Type:

1-2 Family Dwelling

Date First Furnished: