Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits 1650039007

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

7.25.16

Owner's Name Wynn Coastruction, INC.	
	Phone 919 603-7965
Site Address 60 Squire ST.	Har Zallas Jaff and Wall Wall
Directions to job site from Lillington From HCCP right o 2101	HWG SMIES ZETT ON TOTHEN
for 15 miles, Left on Chaly beste Rd for 18 m	uile, HUERY POHO ON TEXT.
Subdivision Hvery Pond	Lot
Description of Proposed Work NEW CONSTRUCTION	<i>SFD</i> # of Bedrooms7
Heated SF 2787 Unheated SF 1592 Finished Bonus Room General Contractor Informa	? Y Crawl Space Slab V
Wynn Construction, Inc.	919 603.7965
Ruilding Contractor's Company Name	Telephone
2550 Capitol Dr. Ste 105 Creedwor, AC 27522	Edword@wynnhomes.com
Address	Email Address
46295	
License # Electrical Contractor Inform	nation
Description of Work New Construction Service S	Size <b>200</b> Amps 1-Pole <b>y</b> YesNo
E. A. Jackson Electric	919 /30-125/
Electrical Contractor's Company Name	Telephone
9261 Raleigh Rd. BENSON, NC 27504	
Address . *	Email Address
21144	
License #  Mechanical/HVAC Contractor In	nf <u>ormation</u>
Description of Work New Construct: ON	:
Certified Heat and Air	910 858-0800
Machanical Contractor & Company Name	Telephone
777 Sunset Lake Pd. Lymber Bridge NC 28357	
Address	Email Address
NCZOOZIZ H3 Class 1	
License #	
Plumbing Contractor Inform	matton 3
Description of Work New Construction	# Baths# Baths
Thornton's Plumbing	717 550-7833 Telephone
Plumbing Contractor's Company Name	relephone
3160-A Onar Rd. Clayton NC 27527	Email Address
Address	
22152 Transport	
License # Insulation Contractor Information	mation Current 1 1 1 1000
Tatum Insulation	919661-0999
Insulation Contractor's Company Name & Address	Telephone

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 Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner General Contractor 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 Aldered Quelly Const. Coord Sign w/Title

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 <a href="https://doi.org/10.1007/journal.com/buildings/">by signing below I have obtained all subcontractors</a>

## DO NOT REMOVE!

# **Details: Appointment of Lien Agent**

Entry #: 479251

Filed on: 06/08/2016 Initially filed by: wynnhomes

#### Designated Lien Agent

**Project Property** 

Investors Title Insurance Company

Online: http://www.liensnc.com/slare\_woodproduce.com/

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

27601

Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com and way attention of

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avery pond subdivision lot 030 squire street

fuquay varina, NC 27536 harnett County

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**Property Type** 

1-2 Family Dwelling

### Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

#### **Owner Information**

wynn homes 2550 capitol dr. creedmoor, NC 27522 United States Email: nancy@wynnhomes.com

Phone: 919-528-1347

View Comments (0)

Technical Support Hotline: (888) 690-7384