Application #

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

16500 39008

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

Owners Name Wynn Construction, Inc.	Date 7-/6
Site Address 44 Squire St.	Phone 9/9/402-7965
Directions to job site from Lillington From HCCP right o 210 14	Du 3miles Left on 40/ Ha
Directions to job site from Lillington From HCCP right o 210 14. for 15 miles, Left on Chaly beste Rd for 18 miles	le, Avery Pond on left.
Subdivision Avery Pond	Lot031
Description of Proposed Work New Construction - 5	FD # of Bedrooms
Heated SF 2029 Unheated SF 826 Finished Bonus Room?	N Crawl Space Slab
General Contractor Information	on
Wynn Construction, Inc.	919 603.7965
Building Contractor's Company Name	Telephone
2550 Capital Dt. Ste 105 Creedwor, AR 27522	Edward @wynn homes.com
Address 46Z95	Email Address
License #	
Electrical Contractor Informati	<u>ion</u>
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 Ed. Benson, NC 27504	
Address	Email Address
21144	
License # <u>Mechanical/HVAC Contractor Infor</u>	rmation
Description of Work New Construct: on	<u> </u>
Certified Heat and Air	910 858-0000
Mechanical Contractor's Company Name	Telephone
779 Suaset Lake Pd. Lymbor Bridge NC 28357	rolophono
Address	Email Address
NCZOOZIZ H3 ClassI	
License #	
Plumbing Contractor Information	<u>ion</u>
Description of Work New Construction	# Baths 2. 5
Thornton's Plumbing	919 550-4833
Plumbing Contractor's Company Name	Telephone
3160-A Onar Rd. Clayton NC 27527	
Address /	Email Address
22152	
License # Insulation Contractor Information	
Tatum Insulation	919 661-0999
Insulation Contractor's Company Name & Address	Telephone
menument portunates o positional statists at such and	·

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 Mynn Construction, Inc. Company or Name 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 by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors site plan