

3

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # 12-500-28147

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

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Wynn Construction Inc Date: 3-26-12

Site Address: _____ Phone: _____

Directions to job site from Lillington: 27 West Letton Doc. Road
Swedman is on right Trothas Ridge

Subdivision: Trothas Ridge Lot: 110

Description of Proposed Work: Pool House

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 20,000

Wynn Construction Inc. Building Contractor's Company Name Telephone _____

2550 Capital Drive Burlington NC 27522 Address Email Address _____

[Signature] Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Electrical Contractor Information: Electrical Cost \$ 2200.00
Description of Work Wire Pool House Service Size: 200 Amps #T-Poles 1

R. A. Jackson Electrical Contractor's Company Name Telephone _____

9261 Raleigh Road Benson NC 27504 Address Email Address _____

[Signature] Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Mechanical Contractor Information: Mechanical Cost \$ NA
Description of Work NA # Units _____

Mechanical Contractor's Company Name Telephone _____

Address Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Plumbing Contractor Information: Plumbing Cost \$ 5,600.00
Description of Work Plumb Pool House # Baths 2

Thornton's Plumbing Plumbing Contractor's Company Name Telephone _____

3160-A Omar Rd, Clayton NC Address Email Address _____

[Signature] Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone _____

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

Sprinkler Contractor Information

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Driveway Access - NC Department of Transportation Driveway Access/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 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 charged at full price per current fee schedule.

3-26-12

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

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: Jalynn Construction Inc.

Sign w/Title: John Project Manager

Date: 3-26-12