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

<u> </u>	,				
section below to be filled out by ever performing work. Must be owner nsed contractor. Address, company & phone must match information on	PO Bo	County Central Pern ox 65 Lillington, NC 2754 ber 910-893-7525 www	nitting 16	0650016065	
	Application for	or Building and Tra	ade Permit		
Owner's Name: Stancil			Date:	1-18-07	
Address: 466 STANC	K RD A	WITER NO	Phone	: 639-2073	
Directions to job site from Lilling	iton: 401 N.	left co Cr	ristica	Light Pd	
lest into Colhect	Was Park	_		,	
Subdivision: Cohesbu	ry Park		Lot:	40	
Construction Type: (Please Ch		Building Use: (Ple	ase Check)		
New Moved Hou Addition	se Other	Residential Modular	Ćo	mmercial	
	. 			lti-Family	
Total Project Cost: 150,000,000	_Description of F	Proposed Work:	MEW 11	OME	
Heated SF 1523 Crawl Space	(y) Seneral (Building Construct	ion Cost \$	150,000,00	
Officeated SP 000 Slab ()		Building Construct Acres Disturbed	06	_Stories/	
Stancil Builders Building Contractor's Company	Toc.	919	639 20	73	
466 STANLL P.D		Telephone	•	(11/10	
Address	MODIEL	**************************************		54519 License#	
To ravelle I. A.	9				
Signature of Owner/Contractor/	Officer(s) of Corp	oration - Must sign b	ack of form & w	orkers comp	
Description of Work RES.	Electric	Electrical (ion Cost \$ <i>40</i>		
TS Pole: Yes () No () Unde	erground ()	()verneard()			
Permanent Service: Undergrou	nd (Y Overne)				
Electrical Contractor's Company	Name	Telephone	639 -	20 13	
466 STAMEL R	B ANGUE			13075-6	
Address	/			License #	
Signature of Officer(s) of Corpor	ation	-			
• • • • • • • • • • • • • • • • • • • •		cal Permit Informa	tion		
Description of Work RES Number of Units Z	Type System				
J.C.'S HEATING &				ost \$ 6000.04	
Mechanical Contractor's Compa		Telephone	- 6758	<u> </u>	
1539 WADE-STEPH	enson RD	HOLLY SOR		17655-113	
Andress				License #	
Signature of Officer(s) of Corpora	etion				
		g Permit Informati	on		
Description of Work 725 Number of Baths 2					
BARNES PLMG. 11	~/	Plumbing C		200, 50	
Plumbing Contractor's Company	Name	Telephone	-0935	·	
	51812	•		P17735	
Address			_ 	License #	
Signature of Officer(s) of Corpora	ation				
Insulation Permit Information Residential (*) Other () Not Required ()					
+NSULMINIA IN	L. 287 1	212 Home CT	PREBA	772-9000	
Insulation Contractor's Company	Name & Addres	S		Telephone	

	Application #		
Sprinkler System Information - Commercial			
Sprinkler Contractor's Company Name	Telephone		
Contact Person			
Address	License #		
Signature of Officer(s) of Corporation Fire Alarm System Information - Commercial			
Fire Alarm Contractor's Company Name	Telephone		
Contact Person			
Address	License #		
Signature of Officer(s) of Corporation			
<u>Driveway Access</u>			
NC Department of Transportation Driveway Access/Per	mit? 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 <u>any</u> changes occur including listed contractors, site plan, 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.			
Signature of Owner/Contractor/Officer(s) of Corporation	1-17-07 Date		

Application #	‡

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned	d applicant for Building Permit #	being the:
	General Contractor Owner	
	Officer/Agent of the Contractor or Owner	
Do hereby confi the work set fort	irm under penalties of perjury that the person(s), find in the permit:	rm(s) or corporation(s) performing
	Has/have three (3) or more employees and has/ha compensation insurance to cover them.	ve obtained workers'
	Has/have one (1) or more subcontractors(s) and hat compensation insurance to cover them.	as/have obtained workers'
	Has/have one (1) or more subcontractors(s) who have workers' compensation insurance covering themse	as/have their own policy of lives.
	Has/have not more than two (2) employees and no	subcontractors.
insurance prior t	n the project for which this permit is sought it is under uing the permit may require certificates of cover to issuance of the permit and at any time during the on carrying out the work.	erage of worker's compensation
Firm Name:	STANCIL Builders, IN	<u>'C</u>
Sign/Title:	Dunda Doldston V.P.	
Date:	1-18-07	

Di Dan Marahan	F-3
Plan Box Number	

Job Name STAUCIL BLAG

Required Inspections for SFA/SFD

Appl. # 06500 16065 Valuation \$158,532 Sq. Feet 2440

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40 .	Four Trade Rough In> 2500
40	Three Trade Rough In
40	Three Trade Rough In> 2500
	Two Trade Rough In
40	Two Trade Rough In > 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
40	R* Insulation
50	Four Trade Final
60	
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit