

* 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.

Harnett County Central Permitting
PO Box 85 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Application # 0650016866

Owner's Name: Stameil Builders
Address: 466 STAMEIL RD ANGLIER NC
Directions to job site from Lillington: _____

Date: 2-15-15
Phone: 639-2073

Subdivision: Lakesbury Park Lot: 41

Construction Type: (Please Check)
 New Moved House
 Renovation Addition Other
Building Use: (Please Check)
 Residential Commercial
 Modular Multi-Family

Total Project Cost: 150,000.00 Description of Proposed Work: NEW HOME

Heated SF 1474 Crawl Space
Unheated SF 420 Slab
Building Construction Cost \$ 150,000.00
Acres Disturbed 0.06 Stories 2

Stameil Builders
Building Contractor's Company Name Telephone 919 639 2073
466 STAMEIL RD ANGLIER
Address License # 54519 34533

Brendy L. Stameil
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Description of Work RES. **Electrical Permit Information**
Electrical Cost \$ 4000.00

TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps

STAMEIL & OLIVER ELEC.
Electrical Contractor's Company Name Telephone 919-639-2073
466 STAMEIL RD ANGLIER
Address License # 13075-4

Brendy L. Stameil
Signature of Officer(s) of Corporation

Description of Work RES **Mechanical Permit Information**

Number of Units 2 Type System 13 SER Mechanical Cost \$ 6000.00

J.C.'S HEATING & A/C
Mechanical Contractor's Company Name Telephone 552-6258
1539 WADE-STEPHENSON RD HOLLY SPRINGS
Address License # 12655-113

[Signature]
Signature of Officer(s) of Corporation

Description of Work RES **Plumbing Permit Information**

Number of Baths 2.5 Plumbing Cost \$ 8000.00

BARNES PLUMB. INC.
Plumbing Contractor's Company Name Telephone 639-0935
PO. BOX 1207 ANGLIER
Address License # 917735

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other Not Required

INSULATING INC. 1212 HOME CT RALEIGH
Insulation Contractor's Company Name & Address Telephone 772-9000

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	

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, 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

Date 2-15-07

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

The undersigned applicant for Building Permit # _____ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- Has/have not 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.

Firm Name: Stanley Builders, Inc

Sign/Title: - President Buddy Spencer

Date: 2-15-07

Plan Box Number AA-6

Job Name STANKIL

Date: 2-16-07

Required Inspections for SFA/SFD

Appl. # 0650016066
Valuation \$126,826
Sq. Feet 1952

Sequence

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