

* 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 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Application # 07 500 16544

Owner's Name: IOM Date: 1-31-07
Address: 466 STANL RD ANGLER NC Phone: 639-2073
Directions to job site from Lillington: 210 TOWARD ANGLER - LEFT ON
JAMES NORRIS RD - SUB ON LEFT
Subdivision: Autumn Rd Lot: 3

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

General Contractor Information
Heated S. 1533 Crawl Space
Unheated SF 412 Slab
Building Construction Cost \$ 150,000.00
Acres Disturbed 06 Stories 1
Staniel Builders, Inc Telephone 919 639 2073
Building Contractor's Company Name
466 STANL RD ANGLER License # 634533
Address

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

Electrical Permit Information
Description of Work RES. Electrical Cost \$ 4000.00
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps
STANIL & DIVER ELEC. Telephone 919-639-2073
Electrical Contractor's Company Name

466 STANL RD ANGLER License # 13075-L
Address
Signature of Officer(s) of Corporation

Mechanical Permit Information
Description of Work RES
Number of Units 2 Type System 13 SER Mechanical Cost \$ 6000.00
S.L.'S HEATING & AC Telephone 552-6258
Mechanical Contractor's Company Name
539 WADE-STEPHENSON RD IDOLY SPRINGS License # 17655-173
Address
Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work RES
Number of Baths 2.5 Plumbing Cost \$ 8000.00
BARNE'S PLUMB. INC. Telephone 639-0935
Plumbing Contractor's Company Name
PO BOX 1207 ANGLER License # P17735
Address
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other Not Required
INSULATION INC. 1212 HOME CT RALEIGH Telephone 772-9000
Insulation Contractor's Company Name & Address

Sprinkler System Information - Commercial

_____ Sprinkler Contractor's Company Name	_____ Telephone
_____ Contact Person	_____ License #
_____ Address	
_____ Signature of Officer(s) of Corporation	

Fire Alarm System Information - Commercial

_____ Fire Alarm Contractor's Company Name	_____ Telephone
_____ Contact Person	_____ License #
_____ Address	
_____ 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
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**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: Stawcil Builders, INC

Sign/Title: Dorenda Daldete V.P.

Date: 1-31-07

Plan Box Number AA6

Job Name Stancil Bldrs

Date: 1-31-07

Required Inspections for SFA/SFD

Appl. # 07-5-16544
Valuation ~~128,849~~ 148,849
Sq. Feet ~~2,291~~ 2,291

Sequence

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