

* 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 # 0750016641

Owner's Name: JDM

Date: 1-31-07

Address: 466 STANCK RD ANGLIER NC

Phone: 639-2073

Directions to job site from Lillington: 210 JOURNAL ANGLIER - LEFT JAMES NARRIS RD - SUB ON LEFT

Subdivision: AUTUMN POINT Lot: 6

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 1315 Crawl Space
Unheated SF 352 Slab

General Contractor Information

Building Construction Cost \$ 150,000.00
Acres Disturbed .06 Stories -

Building Contractor's Company Name: STANCK BUILDERS INC

Telephone: 919 639 2073

Address: 466 STANCK RD ANGLIER

License #: 1234533

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

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

Electrical Contractor's Company Name: STANCK & OLSEN ELEC.

Telephone: 919-639-2073

Address: 466 STANCK RD ANGLIER

License #: 13075-L

Signature of Officer(s) of Corporation

Description of Work: RES

Mechanical Permit Information

Mechanical Cost \$ 6000.00

Number of Units: 2 Type System: 13 SER

Mechanical Contractor's Company Name: J.C.'S HEATING & AC

Telephone: 552-6258

Address: 1539 WADE-STEPHENSON RD HOLLY SPRINGS

License #: 12655-143

Signature of Officer(s) of Corporation

Description of Work: RES

Plumbing Permit Information

Plumbing Cost \$ 8000.00

Number of Baths: 2.5

Plumbing Contractor's Company Name: BARNE PLUMB. INC.

Telephone: 639-0935

Address: PO BOX 1207 ANGLIER

License #: P17735

Signature of Officer(s) of Corporation

Insulation Contractor's Company Name & Address: INSULATION INC. 1212 HOME CT RALEIGH

Residential Other Not Required
Telephone: 772-9000

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 _____

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.

Dorenda Solata v.P.
Signature of Owner/Contractor/Officer(s) of Corporation

1-31-07
Date

**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: Stancil Builders, Inc

Sign/Title: Dorenda Holston V.P.

Date: 1-31-07

Plan Box Number AAAC

Job Name Stancil

Date: 1-31

Required Inspections for SFA/SFD

Appl. # 07-58016641

Valuation 124428

Sq. Feet 1915

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input 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 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