

* 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 # 0750016643

Owner's Name: IDM Date: 1-3-07
Address: 466 STANCL RD ANGLER NC Phone: 639-2073
Directions to job site from Lillington: 216 Toward Angier - Left on James Norris Rd - Sub on - Left
Subdivision: Autumn Point Lot: 1

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 1539 Crawl Space
Unheated SF 440 Slab
Acres Disturbed 0.06 Stories 1
General Contractor Information
Building Contractor's Company Name: Stanil Builders, Inc
Address: 466 STANCL RD ANGLER
Telephone: 919 639 2073
License #: 034533

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp
Stanil Builders, Inc
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
Electrical Contractor's Company Name: STANIL & OLIVER ELEC.
Telephone: 919-639-2073

Address: 466 STANCL RD ANGLER License #: 13075-L
Signature of Officer(s) of Corporation: Stanil Builders, Inc

Mechanical Permit Information
Description of Work: RES
Number of Units: 2 Type System: 13 SER Mechanical Cost \$ 6000.00
Mechanical Contractor's Company Name: J.C.'S HEATING & AC
Telephone: 552-6258
Address: 539 WADE-STEPHENSON RD IDOLY SPRINGS License #: 12655-113
Signature of Officer(s) of Corporation: J.C.'S HEATING & AC

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

Insulation Permit Information Residential Other Not Required
Insulation Contractor's Company Name & Address: INSULATION INC. 1212 HOME CT RALPH 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 Saldaña 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: Special Builders, Inc

Sign/Title: Wanda Webster V.P.

Date: 1-31-07

Plan Box Number AA6

Job Name Starail Bldg.

Date: 1-31-07

Required Inspections for SFA/SFD

Appl. # 07-5-16643
Valuation # ~~127,600~~ 153,982
Sq. Feet ~~1970~~ 2370

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		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		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit