

\* 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 86 Lillington, NC 27546  
Telephone Number 910-893-7528 www.harnett.org  
**Application for Building and Trade Permit**

Application # 0750016647

Owner's Name: Tom Developers, Inc Date: 10-15-07  
Address: 466 STANL RD ANNIER NC Phone: 639-2073  
Directions to job site from Lillington: 210 Toward Angier Left  
on James Norris Rd Sub on Right  
Subdivision: Autumn Pointe Lot: 11

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

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

Heated SF 1538 Crawl Space  Unheated SF 0 Slab   
**General Contractor Information**  
Building Construction Cost \$ 150,000.00  
Acres Disturbed 0.6 Stories 1.5

Stanell Builders, Inc Building Contractor's Company Name  
466 STANL RD ANNIER Address  
[Signature] Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp  
919 639 2073 Telephone  
034533 License #

Description of Work RES. **Electrical Permit Information**  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead   
Electrical Cost \$ 4000.00  
Service Size: 200 Amps

STANELL & DWEN ELEC. Electrical Contractor's Company Name  
466 STANELL RD ANNIER Address  
[Signature] Signature of Officer(s) of Corporation  
919-639-2073 Telephone  
13075-L License #

Description of Work RES **Mechanical Permit Information**  
Number of Units 2 Type System 13 SER Mechanical Cost \$ 6000.00

J.C.'S HEATING & AC Mechanical Contractor's Company Name  
539 WADE-STEPHENSON RD HOLLY SPRINGS Address  
[Signature] Signature of Officer(s) of Corporation  
552-6258 Telephone  
12655-143 License #

Description of Work TRES **Plumbing Permit Information**  
Number of Baths 2 Plumbing Cost \$ 8000.00

BAWES PLUMB. INC. Plumbing Contractor's Company Name  
P.O. Box 1207 ANNIER Address  
[Signature] Signature of Officer(s) of Corporation  
639-0935 Telephone  
P17735 License #

**Insulation Permit Information** Residential  Other  Not Required   
INSULMINT INC. Insulation Contractor's Company Name & Address  
1212 HOME CT RALEIGH Telephone  
777-9000 Telephone

**Homeowners Applying to Build Their Own Home**

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

- 1. Do you own the land on which this building will be constructed?     yes     no
- 2. Have you hired or intend to hire an individual to superintend and manage construction of the project?     yes     no
- 3. Do you intend to directly control & supervise construction activities?  yes     no
- 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?     yes     no
- 5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the 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, number of bedrooms, 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.

Larry H. King  
Signature of Owner/Contractor/Officer(s) of Corporation

10-15-07  
Date

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

The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no 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.

Company or Name: \_\_\_\_\_

Sign w/Title: \_\_\_\_\_ 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: STANCOIL BUILDERS, INC

Sign/Title: Dorinda Saldator

Date: 10-15-07

Plan Box Number AA-6

Job Name STANLIL

Date: 10-15-07

Required Inspections for SFA/SFD \*

Appl. # 0750016647  
Valuation \$171,609  
Sq. Feet 2369

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