

* 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 # 07 500 166 49

Owner's Name: Tom Developers, Inc Date: _____
Address: 466 STANL RD ANGLIER NC Phone: 639-2073
Directions to job site from Lillington: 210 Toward Angier left on James Norris Rd. Sub on right
Subdivision: Autumn Pt Lot: 13

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

Total Project Cost: 125,000 Description of Proposed Work: NEW HOME

Heated SF 1315 Crawl Space
Unheated SF Slab
General Contractor Information
Building Construction Cost \$ 105,600.00
Acres Disturbed .06 Stories 1.5
STANL Builders, Inc Telephone 919 639 2073
466 STANL RD ANGLIER License # 54519
Address

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

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

466 STANL RD ANGLIER License # 13075-L
Address
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 & AC Telephone 552-6258
Mechanical Contractor's Company Name

1539 WADE-STEPHENSON RD HOLLY SPRINGS License # 17655-173
Address
Signature of Officer(s) of Corporation

Description of Work RES **Plumbing Permit Information**
Number of Baths 2.5 Plumbing Cost \$ 8000.00
BARNE PLUMB. INC. Telephone 639-0935
Plumbing Contractor's Company Name

P.O. Box 1207 ANGLIER License # _____
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

* 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

Application # 0750016649

PO Box 65 Lillington, NC 27548
Telephone Number 919-633-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: Tom Developers, Inc
Address: 466 STANCL RD ANGLER NC

Date: _____
Phone: 639-2073

Directions to job site from Lillington: 210 Toward Angier left on James Nover's Rd. Sub on right

Subdivision: Autumn Pt Lot: 13

Construction Type: (Please Check)
 New Moved House Other
 Renovation Addition

Building Use: (Please Check)
 Residential Commercial
 Modular Multi-Family

Total Project Cost: 125,000
Heated SF 1315 Crawl Space
Unheated SF Slab

Description of Proposed Work: NEW HOME
General Contractor Information
Building Construction Cost \$ 105,000.00
Acres Disturbed 0.06 Stones 1.2
Building Contractor's Company Name: STANCIL BUILDERS, INC
Telephone: 919 639 2073

Building Contractor's Company Name: STANCIL BUILDERS, INC
Address: 466 STANCL RD ANGLER

License # 034533

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp
[Signature]
Electrical Permit Information

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

Electrical Contractor's Company Name: STANCIL & OLSEN ELEC.
Address: 466 STANCL RD ANGLER

License # 13075-L

Signature of Officer(s) of Corporation
[Signature]

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

Mechanical Contractor's Company Name: S.C.'S HEATING & AC
Telephone: 552-6258

Address: 539 WADE-STEPHENSON RD HOLLY SPRINGS
Signature of Officer(s) of Corporation: [Signature]
License # 17655-143

Description of Work: RES
Number of Baths: 2.5
Plumbing Permit Information
Plumbing Cost \$ 8000.00

Plumbing Contractor's Company Name: BARNS PLUMB. INC.
Telephone: 639-0935

Address: PO Box 1207 ANGLER
Signature of Officer(s) of Corporation: [Signature]
License # P19935

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

**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: Dennis Saldaña
Date: 10-15-07

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: _____

Plan Box Number AA-6

Job Name STANCL

Date: 10-15-07

Required Inspections for SFA/SFD

Appl. # 0750016649

Valuation \$108,307

Sq. Feet 1,667

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 |