* 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.

Application #

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building	<u>a and Trades Pe</u>	<u>rmit</u>
Owner's Name: Icm Developers, Inc.	Date: _	<u>3-26.0</u> 8
Site Address: 150 Topoci Dr. Angle at	Phone: 919-0	570G-PE
Directions to job site from Lillington: Husy 210 tow		~ .
a James Norris Rd. 51D a		11.5. 11.0 E
		·
Subdivision: Autumo Point	Lot:	15
Description of Proposed Work: 57091e tamily du	<u>≫II.∩Q</u> #Bedr	ooms:
Heated SF 1488 Unheated SF 5H7 Finished Rec Roo General Contractor Info	m? ormation	Crawl Space (VSiab (
	19-639-207	3
Building Contractor's Company Name Telep	1	
466 Stancil Rd., Angier, NC	27501	034533
Addyess Addyess Addyess		License #
Must s	ilgn & fill out second	d page
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Info	rmation	get as a second of
Description of Work New Residential Service Size:	<u>200</u> Amps	TPole: yes/no
	<u> 19-639-207</u>	3
	hone	
466 Stancil Rd., Angier, NC 27501		13075-L
Address	``	License #
The state of the s		
Signature of Officer(s) of Corporation Mechanical Permit Inf	<u>ormation</u>	
Description of Work Residential	1643 4 642 1	Carlotte Contract
JC's Heating & Air	919-552	-6258
Mechanical Contractor's Company Name	Telephone	State of the second
1589 Wade Stephenson Rd., Molly Spr	ings, NC	12655-H3
Address Address	PROTESTICAL GRANT CONTROL OF	License #
Signature of Office (s) of Officerian	Jan Bar	•
Plumbing Permit Info		
Description of Work Residential	# Bati	· · · · · · · · · · · · · · · · · · ·
Barnes Plumbing, Inc.	919-639	,
Plumbing Contractor's Company Name	Telephone	7735
PO Box 1207, Angier, NC 27501	<u> </u>	
Address	-	License #
Signature of Officer(s) of Corporation		ı
Signature of Officer(s) of Corporation Insulation Permit Info	ormation	İ
Insulating, Inc., 1212 Home Ct., R		919-772-9000
Insulation Contractor's Company Name & Address	27603	Telephone
		•

Analysis Build Their Own Home	l l
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 Ex Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon	emption. n request)
Do you own the land on which this building will be constructed? yes no	
project?	the 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 done?	
5. Do you intend to personally occupy the building for at least 12 consecutive months follow 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?	ving
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 a Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the abcontractors is correct as known to me and if any changes occur including listed contractors, site proposed number of bedrooms, building and trade plans, Environmental Health permit changes or proposed changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department any and all changes.	ove lan, use
Signature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X General ContractorOwnerOfficer/Agent of the Contractor or Owner	,
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing set torth in the permit:	g the work
X Has three (3) or more employees and has obtained workers' compensation insurance to co	ver them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance them.	to cover
X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation covering themselves.	insurance
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 Permit Department issuing the permit may require certificates of coverage of worker's compensation institute to issuance of the permit and at any time during the permitted work from any person, firm or corporary or Name: Stancil Builders, Inc. Stancil Builders Stanci	itting urance prior oration
Sign worthe: Presidentale:	-
Page 2 of 2	9/07

Plan Box Number AA-6

Job Name STANCIL

Date: 3-3)-08

Required Inspections for SFA/SFD

Appl. # 07500 1665|
Valuation 126, 239
Sq. Feet 1934

Sequence

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