* 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 # 07-50016652

Harnett County Central Permitting

PO Box 65 Lillington, NC 27548 Phone 910-893-7525 Fax 910-893-2793 www.hamett.org Owner's Name: Site Address:____ Directions to job site from Subdivision: Description of Proposed Work: #Bedrooms: Heated SF 1523 Unheated SF 159 Finished Rec Room? Crawl Space (V Slab () General Contractor Information 919-639-<u>Stancil Builders</u> **Building Contractor's Company Name** Telephone 466 Stancil Rd., Angier, NC 27501 034533 ddless License # Must sign & fill out second page Manature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Description of Work <u>New Residential Service Size: 200</u> Amps TPole: yes/no Stancil-Owen Electrical 919-639-2073 Electrical Contractor's Company Name Telephone Angier 27501 13075-L Address License # Signature of Officer(s) of Corporation **Mechanical Permit Information** Description of Work Residential JC's Heating & Air 919-552-6258 Mechanical Contractor's Company Name Telephone Wade Stephenson R/d 何olly Springs,NC? 12655-н3 Address License # Signature of Office (s) of Corporation Plumbing Permit Information Residential Description of Work # Baths Barnes Plumbing, Inc. 919-639-0935 Plumbing Contractor's Company Name Telephone PO Box 1207, Angier, NC 27501 P17735 Address License # Signature of Officer(s) of Corporation **Insulation Permit Information**

Insulating, Inc., 1212 Home Ct., Raleigh, NC

Insulation Contractor's Company Name & Address

919-772-9000

Telephone

27603

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permit	HOME or permit under IS (Memo ava	Owners Exemption. ilable upon request)
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 man project?	age constru ye	uction of the s no
3. Do you intend to directly control & supervise construction activities? _	yes _	no
done :	_yes _	110
5. Do you intend to personally occupy the building for at least 12 consecompletion of construction and do you understand that if you do not do spresumption under law that you fraudulently secured the permit?	so, it create	hs following s theno
and that the construction will conform to the regulations in the Building, E Mechanical codes, and the Harnett County Zoning Ordinance. I state the incontractors is correct as known to me and if any changes occur including liste number of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central P any and all changes.	ed contractor hanges or pi	s, site plan, oposed use
Signature of Owner/Contractor/Officer(s) of Corporation Date	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Affidavit for Worker's Compensation N.C.G. The undersigned applicant being the:	S. 87-14	
X General ContractorOwnerOfficer/Agent of the	Contractor o	r Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit:	odration(s) p	erforming the work
X Has three (3) or more employees and has obtained workers' compensations.	ation insuran	ce to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' complete.	pensation ins	
		surance to cover
them. X Has one (1) or more subcontractors(s) who has their own policy of work covering themselves. Has no more than two (2) employees and no subcontractors.	kers' compe	surance to cover
them. X Has one (1) or more subcontractors(s) who has their own policy of work covering themselves.	kers' compe at the Centr s compensa	surance to cover nsation insurance al Permitting tion insurance prior
 X Has one (1) or more subcontractors(s) who has their own policy of work 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 the Department issuing the permit may require certificates of coverage of worker to issuance of the permit and at any time during the permitted work from any 	kers' compe at the Centr s compensa person, firm	surance to cover nsation insurance al Permitting tion insurance prior or corporation

Page 2 of 2

9/07

Plan Box Number AA-6

Job Name STANCIL

Date: 3-31-08

Required Inspections for SFA/SFD

Appl. # <u>07300 16652</u> Valuation <u>\$158,5</u>30 Sq. Feet <u>2440</u>

(441 & REC. INCLUDED)

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 60 One Trade Final > 2500 999 **Envir. Operations Permit**