*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 residentia	<u>i Building and Trades P</u>	<u>ermit</u>
Owner's Name: Icm Developers To	C Date:	3-210-08
Site Address: 10 New Priver Ct. Angier	27501 Phone: 919	
Directions to job site from Lillington: Hww 210	towards Ac	Via lell
on James Norg's Board, 511		Ger 1Ctt
1000101) on right	<u> </u>
Subdivision: Autumo Point		
	Lot:	
Description of Proposed Work: Single fam: lu	<u>awellina</u> #Bed	rooms: <u> 3 </u>
Heated SF 1315 Unheated SF 304 Finished	Rec Room?	Crawl Space (V Slab (
	actor Information	, , , , , , , , , , , , , , , , , , ,
Building Contractor's Company Name	919-639-207	3
	Telephone	
Address / 466 Stancil Rd., Angie	r, NC 27501	034533
hille of Atra	Advantation in min	License #
Agnature of Owner/Contractor/Officer(s) of Corporation	Must sign & fill out secon	d page
/ Flectrical Box	mit Information	
Service Residential Service	e Size: <u>200</u> Amps	
Stancil-Owen Electrical, Inc. Electrical Contractor's Company Name	919-639-207	3
466 Stancil Rd., Angier, NC 2	Telephone	
Agoress Agreed NC 2	/501	13075-L
English And		License #
Signature of Office (s) of Corporation		
Mechanical Permit Information		
Description of Work Residential		
JC's Heating & Air	919-552	-6258
Mechanical Contractor's Company Name	Telephone	
1589 Wade Stephenson Rd., Molly	Springs, NC	12655-Н3
Address		License #
Signature of Office (s) of Corporation		
	nit Information	
Description of Work Residential	1	
Barnes Plumbing, Inc.	# Baths	
Plumbing Contractor's Company Name	919-639 Telephone	-0935
PO Box 1207, Angier, NC 27501	P17	735
Address	***	License #
Day Eams	,	Liconisa #
Signature of Officer(s) of Corporation	#	
Insulation Permit Information		
Insulating, Inc., 1212 Home Company No. 1212	t.,Raleigh,NC 9	19-772-9000
Insulation Contractor's Company Name & Address	27603	Telephone
	**	

Application #		
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)		
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. 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 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:		
X 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.		
X 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: Stancil Byilders, Ipt.		

Page 2 of 2

Plan Box Number AA-6

Job Name STANCIL

Date: 3-31-08

Required Inspections for SFA/SFD

Appl. # 0 75 00 16653 Valuation \$ 108,307 Sq. Feet 1667

Sequence

10 10-30 20 20 30-999 30-999 30-999 30-999 40 40 40 40 40 40 40 40 40 50	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Rough In
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40	One Trade Pouch In
40	
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
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