

\* 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 # 07-50016655

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

SCANNED  
1/14/10  
DATE

**Application for Residential Building and Trades Permit**

Owner's Name: TOM Developers Inc Date: 1-14-10

Site Address: 109 New River Ct. Phone: 919-639-2073

Directions to job site from Lillington: Hwy 210 towards Angier Turn left on James Norris Rd. Subdivision on right.

Subdivision: Autumn Point Lot: 19

Description of Proposed Work: New Residential #Bedrooms: 3

Heated SF 1523 Unheated SF 708 Finished Rec Room? N Crawl Space (+Slab) ( )

**General Contractor Information**

Stancil Builders, Inc. 919-639-2073  
Building Contractor's Company Name Telephone

466 Stancil Rd., Angier, NC 27501 034533  
Address License #

[Signature] Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work New Residential Service Size: 200 Amps TPole: yes/no

Stancil-Owen Electrical, Inc. 919-639-2073  
Electrical Contractor's Company Name Telephone

466 Stancil Rd., Angier, NC 27501 13075-L  
Address License #

[Signature]  
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

1539 Wade Stephenson Rd., Holly Springs, NC 12655-H3  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Residential # Baths 2  
Barnes Plumbing, Inc. 919-639-0935  
Plumbing Contractor's Company Name Telephone

PO Box 1207, Angier, NC 27501 P17735  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Insulating, Inc., 1212 Home Ct., Raleigh, NC 919-772-9000  
Insulation Contractor's Company Name & Address Telephone

27603

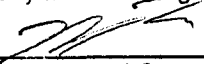
JAN 13 2010

**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.

  
Signature of Owner/Contractor/Officer(s) of Corporation

1-14-10  
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: Spencil Builders, Inc.

Sign w/Title:  President Date: 1-14-10

Plan Box Number AA6

Job Name Autumn Pt.

Date: 1-14-10

Required Inspections for SFA/SFD

Appl. # 07-50016655  
Valuation ~~123456~~ 4758530  
Sq. Feet ~~1999~~ 2440  
+ 441

Sequence	Inspection Description
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