\* 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 # D750 > 16660

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: 100 MO	
The state of the s	
Address: 466 STANCK RD AMITER NC Phone: 639-725	,_
Directions to job site from Lillington: 2/0 Taraged Association	13
JAMAS NOVAS Rd - Sub an 1-Ct	
Subdivision: Hutumy Point	
Construction Type: (Please Check)	
Residential	
Total Project Cost: 156,000, Description of Proposed March	
Hostod CC (22/a	
Unheated SF4W Slab ()  State ()  Building Construction Cost \$ 150,000.  Acres Disturbed - 06 Stories _ 1.	
lelenhone lelenhone	
TOU STANLL ED ANDIED	
Address 054533	
License #	
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp	
Flootsland Donnett in Sign back of form & workers comp	
Description of Work (CE)	
TS Pole: Yes (Y No () Underground (Y Overheard ()	
Orangioung Of Overhead / \ Conden Cimer at the	
ZITIVE & DIWERV ELD	
Electrical Contractor's Company Name 919 - 639 - 20 73	
Lioutical Contractor's Company Name	
Tolonhone	
Address TAMEL RD AMBIET 13075-L	_
Address 13075-L License #	-
Address 13075-L License #	-
Address 13075-L  Signature of Officer(s) of Corporation	
Address  Figuration of Work  Description of Work  Number of Units  Telephone  13075-L  License #  Mechanical Permit Information	-
Address  Signature of Officer(s) of Corporation  Description of Work  Number of Units  Telephone  13075-L  License #  Machanical Permit Information  Number of Units  Type System  13 5 FB Machanical Permit Information	_
Address  Address  Signature of Officer(s) of Corporation  Description of Work  Number of Units  Z  Type System  13 5ER  Mechanical Cost \$ 60w. 54  Mechanical Contractor's Company  Mechanical Contrac	_
Address  Signature of Officer(s) of Corporation  Description of Work RES  Number of Units Z Type System /3 SER Mechanical Cost \$ 6758  Mechanical Contractor's Company Name  Telephone  Telephone  Telephone  Telephone  Telephone	-
Address  Address  Signature of Officer(s) of Corporation  Description of Work RES  Number of Units Z Type System 13 SER Mechanical Cost \$ 600. 34.  Mechanical Contractor's Company Name  F39 WADE-STEPHENSON RD HOLLY SPRINGS 17655-143	-
Address  Description of Work  Number of Units  Z  Type System  J.C.'S  HEATING  AC  Mechanical Contractor's Company Name  Felephone  13075-L  License #  Machanical Permit Information  Mechanical Cost \$ 6000.  Mechanical Contractor's Company Name  Telephone  17655-H3  License #	-
Address  Description of Work RES  Number of Units Z Type System 13 SER Mechanical Cost \$ 600. 34  Mechanical Contractor's Company Name  Telephone  Telephone  Machanical Permit Information  Machanical Cost \$ 600. 34  Signature of Officer(s) of Corporation  Machanical Permit Information  Machanical Cost \$ 600. 34  Signature Of Officer(s) of Corporation  Telephone	
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Address  Address  Signature of Officer(s) of Corporation  Description of Work RES  Number of Units Z Type System 13 SER Mechanical Cost \$ 600.000  Mechanical Contractor's Company Name Telephone  Signature of Officer(s) of Corporation  Plumbing Permit Information  Description of Work RES  Description of Work RES  Number of Baths 7.5  Plumbing Permit Information  Plumbing Cost \$ 8000.500  Plumbing Cost \$ 80	
Address  Description of Work  Mechanical Permit Information  Number of Units  Description of Work  Mechanical Permit Information  Number of Units  Description of Work  Mechanical Cost \$ 600. 24  Mechanical Contractor's Company Name  Telephone  Telephone  Telephone  Telephone  Description of Work  Telephone  Plumbing Cost \$ 8000. 24  Plumbing Contractor's Company Name  Telephone  Telephone  Telephone	-
Address  Address  Description of Work Number of Units  Address  License #  Machanical Permit Information  Description of Work Number of Units  Number of Baths  Number Of Description  Number of Baths  Number of	_
Address  Description of Work  Mechanical Permit Information  Number of Units  Description of Work  Mechanical Permit Information  Number of Units  Description of Work  Mechanical Cost \$ 600.00  Mechanical Contractor's Company Name  Telephone  Telephone  Telephone  Telephone  Telephone  Description of Work  Telephone  Plumbing Permit Information  Number of Baths  Telephone  Plumbing Cost \$ 6000.00  Plumbing Cost \$ 6000.00  Telephone  Telephone  Telephone	
Address  Description of Work  Mechanical Permit Information  Description of Work  Number of Units  Z  Type System  J. L. 'S  HENTIMA  Act  Mechanical Cost \$ Low . S  Mechanical Contractor's Company Name  Fightature of Contractor's Company Name  Description of Work  Plumbing Permit Information  Plumbing Cost \$ 6000 . E  Plumbing Contractor's Company Name  Po Box 1201  Plumbing Contractor's Company Name  Plumbing Cost \$ 6000 . E  Plumbing Contractor's Company Name  Plumbing Contractor's Company Name  Plumbing Contractor's Company Name  Po Box 1201  AND ETT  Plumbing Contractor's Company Name  Telephone  Plumbing Contractor's Company Name  Telephone  Plumbing Contractor's Company Name  Telephone	
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Address  Signature of Officer(s) of Corporation  Description of Work  Number of Units  Type System  Signature of Officer(s) of Corporation  Mechanical Permit Information  Number of Units  Type System  Syste	
Address    Signature of Officer(s) of Corporation   Description of Work   RES   Mechanical Permit Information	
Address  Description of Work  Number of Units  Signature of Officer(s) of Corporation  Number of Units  Number of Baths  Numb	

	Application #
Sprinkler System	m Information - Commercial
Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	
	m Information - Commercial
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	
	veway Access
NC Department of Transportation Driveway Acce	ss/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 re	egulations in the Building, Electrical, Plumbing and
Mechanical codes, and the Harnett County Zoni	ing 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,
building and trade plans Environmental Health n	ermit changes or proposed use changes, I certify it is
my responsibility to notify the Harnett County Cer	itral Permitting Department of any and all changes.
Dunda Delatar V	.P. 1-31-01
Signature of Owner/Contractor/Officer(s) of Corpo	oration Date

# Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant for Building Permit #
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 Name: Stancil Buildors, Truc
Sign/Title: Denenda Delaston V.P.
Date:

Plan Box Number AAG

Job Name Stancil

Date: 4-28-08

### Required Inspections for SFA/SFD

Appl. # 07-500 | 660 Valuation 12286/ Sq. Feet 1891

#### 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

15105 to be refunded due to house change

## COUNTY OF HARNETT LILLINGTON N.C.

PAY TO:

STANCIL BUILDERS INC

466 STANCIL RD ANGIER, NC 27501

DESCRIPTION		AMOUNT
<b>REFUND FOR PAR</b>	TIAL BUILDING PERM	IT. HOUSE SIZE BECAME SMALLER.
APPLICATION NU	MBER 07-50016660	\$105.00
TOTAL:		\$105.00
	E ABOVE ITEMIZED STATEM THAT NO PART OF SAID AC	MENT TO BE A TRUE AND ACCURATE ACCOUNT COUNT HAS BEEN PAID.
	O/OR STATEMENT HAS E	
BY ME AND IS HER	REBY APPROVED FOR PA	AYMENT.
CHARGE TO CODE	11000003223001 P O. NO	, , , , , , , , , , , , , , , , , , ,
DATE	SIGNED	

HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: JBROCK Type: CP Drawer: 1
Date: 3/28/08 52 Receipt no: 240697

Description Quantity
2007 50016660
B1 BP - PERBIT FEES
1.00 Amount

5765.80

SFD

STANCIL BUILDERS INC

Tender detail CK CHECK PAY Total tendered Total payment 14153 \$765**.00** \$765**.00** \$765**.00** 

\*\* THANK YOU FOR YOUR PAYMENT \*\*