

* 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.

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Application # 0750016660

Owner's Name: JAM Date: 1-31-07
Address: 466 STANCK RD ANGLER NC Phone: 639-2073
Directions to job site from Lillington: 210 Toward Angier - Left on
James Norris Rd - Sub on Left
Subdivision: Autumn Point Lot: 24

Construction Type: (Please Check)
 New Moved House
 Renovation Addition Other
Building Use: (Please Check)
 Residential Commercial
 Modular Multi-Family

Total Project Cost: 150,000.00 Description of Proposed Work: NEW HOME

Heated SF 1539 Crawl Space
Unheated SF 440 Slab
General Contractor Information
Building Construction Cost \$ 150,000.00
Acres Disturbed 0.06 Stories 1
St. Ansel Builders Inc 919 639 2073
Building Contractor's Company Name Telephone
466 STANCK RD ANGLER 034533
Address License #
[Signature]

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp
Description of Work RES. **Electrical Permit Information**
Electrical Cost \$ 4000.00
TS Pole: Yes No Underground Overhead

Permanent Service: Underground Overhead Service Size: 200 Amps
STANCK & OLIVER ELEC. 919-639-2073
Electrical Contractor's Company Name Telephone
466 STANCK RD ANGLER 13075-L
Address License #
[Signature]
Signature of Officer(s) of Corporation

Description of Work RES **Mechanical Permit Information**
Number of Units 2 Type System 13 SER Mechanical Cost \$ 6000.00
J.C.'S HEATING & A/C 552-6258
Mechanical Contractor's Company Name Telephone
539 WADE-STEPHENSON RD HOLLY SPRINGS 12655-173
Address License #
[Signature]
Signature of Officer(s) of Corporation

Description of Work RES **Plumbing Permit Information**
Number of Baths 2.5 Plumbing Cost \$ 8000.00
BARNEYS PLUMB. INC. 639-0935
Plumbing Contractor's Company Name Telephone
PO BOX 1207 ANGLER P17735
Address License #
[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other Not Required
INSULATION INC. 1212 HOME CT RALPH 772-9000
Insulation Contractor's Company Name & Address Telephone

Application # _____

Sprinkler System Information - Commercial

Sprinkler Contractor's Company Name _____

Telephone _____

Contact Person _____

Address _____

License # _____

Signature of Officer(s) of Corporation _____

Fire Alarm System Information - Commercial

Fire Alarm Contractor's Company Name _____

Telephone _____

Contact Person _____

Address _____

License # _____

Signature of Officer(s) of Corporation _____

Driveway Access

NC Department of Transportation Driveway Access/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, 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.

Dorinda Delator V.P.
Signature of Owner/Contractor/Officer(s) of Corporation

1-31-07
Date

Application # _____

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

The undersigned applicant for Building Permit # _____ 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/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 or corporation carrying out the work.

Firm Name: Francis Builders, Inc
Sign/Title: Dorenda Bolden V.P.
Date: 1-31-07

INVOICE DATE 4/29/08

VENDOR#

COUNTY OF HARNETT
LILLINGTON N.C.

PAY TO: STANCIL BUILDERS INC
466 STANCIL RD
ANGIER, NC 27501

DESCRIPTION	AMOUNT
REFUND FOR PARTIAL BUILDING PERMIT. HOUSE SIZE BECAME SMALLER.	
APPLICATION NUMBER 07-50016660	\$105.00
TOTAL:	\$105.00
I HEREBY CERTIFY THE ABOVE ITEMIZED STATEMENT TO BE A TRUE AND ACCURATE ACCOUNT AS OF THIS DATE AND THAT NO PART OF SAID ACCOUNT HAS BEEN PAID.	
THIS INVOICE AND/OR STATEMENT HAS BEEN EXAMINED BY ME AND IS HEREBY APPROVED FOR PAYMENT.	
CHARGE TO CODE <u>11000003223001</u> P O. NO _____	
DATE _____	SIGNED _____

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

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

Description	Quantity	Amount
2007 50016560		
B1 BP - PERMIT FEES	1.00	\$765.00

SFD

STANCIL BUILDERS INC

Tender detail		
CK CHECK PAY	14153	\$765.00
Total tendered		\$765.00
Total payment		\$765.00

** THANK YOU FOR YOUR PAYMENT **