

\* 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 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Application # 0750016663

Owner's Name: IDM Date: 1-31-07  
Address: 466 STANCK RD ANGLIER NC Phone: 639-2073  
Directions to job site from Lillington: 210 Toward Angier - Left on  
Sam's Norris Rd. - Sub on Left  
Subdivision: Autumn Point Lot: 27

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 1488 Crawl Space   
Unheated SF 440 Slab   
Stanck Builders Inc Building Contractor's Company Name  
466 STANCK RD ANGLIER Address  
[Signature] Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp  
Building Construction Cost \$ 150,000.00  
Acres Disturbed .06 Stories 1  
919 639 2073 Telephone  
034533 License #

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 & OLSEN ELEC. Electrical Contractor's Company Name  
919-639-2073 Telephone  
466 STANCK RD ANGLIER Address  
13075-L 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 Mechanical Contractor's Company Name  
552-6258 Telephone  
1539 WADE-STEPHENSON RD IDOLY SPRINGS Address  
12655-113 License #  
[Signature] Signature of Officer(s) of Corporation

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

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

Brenda Bolden 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: Stawell Builders, Inc  
Sign/Title: Dwanda D. Deter V.P.  
Date: 1-31-07

