

* 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 910-893-7625 www.harnett.org
Application # 0758016828
Application for Building and Trade Permit

Owner's Name: Stancil Builders Date: 2-15-06
Address: 466 STANCL RD ANGLER NC Phone: 639-2073
Directions to job site from Lillington: to Coats Ln on 55 Row
Silks Hayes Rd - Sub on Right
Subdivision: Hunters Pt Lot: 23

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 1523 Crawl Space
Unheated SF 420 Slab
Stancil Builders Inc Building Contractor's Company Name
466 STANCL RD ANGLER Address
919 639 2073 Telephone
NEW HOME General Contractor Information
Building Construction Cost \$ 150,000.00
Acres Disturbed .06 Stories 1

Brandy L. Stancil Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp
54519 034533 License #

Description of Work RES. Electrical Permit Information
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Electrical Cost \$ 4000.00
STANCL & OLSEN ELEC. Electrical Contractor's Company Name
466 STANCL RD ANGLER Address
919-639-2073 Telephone
200 Amps Service Size

Brandy L. Stancil Signature of Officer(s) of Corporation
13075-L License #

Description of Work RES Mechanical Permit Information
Number of Units 2 Type System 13 SER Mechanical Cost \$ 6000.00
J.C.'S HEATING & AC Mechanical Contractor's Company Name
539 WADE-STEPHENSON RD HOLLY SPRINGS Address
552-6258 Telephone
12655-143 License #

Description of Work RES Plumbing Permit Information
Number of Baths 2.5 Plumbing Cost \$ 8000.00
BAWES PLUMB. INC. Plumbing Contractor's Company Name
PO BOX 1207 ANGLER Address
639-0935 Telephone
P17735 License #

James James Signature of Officer(s) of Corporation
INSULATING INC. 1212 HOME CT RALEIGH Insulation Contractor's Company Name & Address
772-9000 Telephone
Residential Other Not Required

Sprinkler System Information

Sprinkler Contractor's Company Name	Address
Contact Person	Telephone
License Number	

N/A

Fire Alarm System Information

Alarm Contractor's Company Name	Address
Contact Person	Contact Person's Signature
License Number	Telephone

N/A

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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

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

Date

Affidavit of Worker's Compensation Coverage
N.C.G.S. 87-14

The undersigned applicant for Building Permit # _____ being the

_____ 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 or more subcontractor(s) and has/have obtained workers' compensation insurance covering them.

_____ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation 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 workers' 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: Stewart Builders, Inc

By: [Signature]

Title: President

Date: 2-15-07

Plan Box Number AA-6

Job Name STANCIL

Date: 2-16-07

Required Inspections for SFA/SFD

Appl. # 750016828

Valuation \$158,532

Sq. Feet 2440 ← w/ REC Rm

441

Sequence

10	<u> </u> ✓	R* Bldg. Footing
10-30	<u> </u> ✓	R* Elec. Temp Service Pole
20	<u> </u> ✓	R* Building Foundation
20	<u> </u> ✓	Address Confirmation
30-999	<u> </u>	Open Floor
30-999	<u> </u>	R* Bldg. Slab Insp.
30-999	<u> </u>	R* Elec. Under Slab
30-999	<u> </u>	R*Plumb. Under Slab
40	<u> </u> ✓	Four Trade Rough In
40	<u> </u>	Four Trade Rough In > 2500
40	<u> </u>	Three Trade Rough In
40	<u> </u>	Three Trade Rough In > 2500
40	<u> </u>	Two Trade Rough In
40	<u> </u>	Two Trade Rough In > 2500
40	<u> </u>	One Trade Rough In
40	<u> </u>	One Trade Rough In > 2500
50	<u> </u> ✓	R* Insulation
60	<u> </u> ✓	Four Trade Final
60	<u> </u>	Four Trade Final > 2500
60	<u> </u>	Three Trade Final
60	<u> </u>	Three Trade Final > 2500
60	<u> </u>	Two Trade Final
60	<u> </u>	Two Trade Final > 2500
60	<u> </u>	One Trade Final
60	<u> </u>	One Trade Final > 2500
999	<u> </u> ✓	Envir. Operations Permit