

* Each section below to be filled out by whoever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Harnett County Central Permitting
PO Box 85 Lillington, NC 27548
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Application # 0750016829

Owner's Name: Stancil Builders Date: 2-25-07
Address: 466 STANCL RD ANGLER NC Phone: 639-2073
Directions to job site from Lillington: to COATS R ON 55 R
ON S. LAB HAYES Rd. - Sub on Left
Subdivision: Hunters Point Lot: 31

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 841 Slab
General Contractor Information
Building Construction Cost \$ 150,000.00
Acres Disturbed 0.06 Stories 1

Stancil Builders
Building Contractor's Company Name
466 STANCL RD ANGLER
Address
Brandy L. Stancil
Signature of Owner/Contractor/Officer(s) of Corporation -- Must sign back of form & workers comp
Telephone 919 639 2073
License # 54519 34533

Electrical Permit Information
Description of Work RES. Electrical Cost \$ 4000.00
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps

STANCL & OLIVEN ELEC.
Electrical Contractor's Company Name
466 STANCL RD ANGLER
Address
Brandy L. Stancil
Signature of Officer(s) of Corporation
Telephone 919-639-2073
License # 13075-L

Mechanical Permit Information
Description of Work RES
Number of Units 2 Type System 13 SER Mechanical Cost \$ 6000.00
J.C.'S HEATING & AC
Mechanical Contractor's Company Name
Telephone 552-6258

1539 WADE-STEPHENSON RD HOLLY SPRINGS
Address
Brandy L. Stancil
Signature of Officer(s) of Corporation
License # 12655-173

Plumbing Permit Information
Description of Work RES
Number of Baths 2.5 Plumbing Cost \$ 8000.00
BAWES PLUMB. INC.
Plumbing Contractor's Company Name
Telephone 639-0935

PO BOX 1207 ANGLER
Address
Brandy L. Stancil
Signature of Officer(s) of Corporation
License # P17735

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

Sprinkler System Information

Sprinkler Contractor's Company Name N/A Address _____
Contact Person N/A Telephone _____
License Number _____

Fire Alarm System Information

Alarm Contractor's Company Name _____ Address _____
Contact Person N/A Contact Person's Signature _____
License Number _____ Telephone _____

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

2-15-87
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: Stanley 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. # 0750016829
Valuation #148,331
Sq. Feet 2283

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit