Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Applicat	ion for Building a	nd Trade Permit
- OTTANCI RUITARI	S JEnc	Date: 3-14-07
Address: 466 Stancil Rd, Angie	C, NC 27501	Dia Co. Dia Co.
Directions to Job site: Huy 37 to	<u>Coots, Jeff or</u>	1 HUM 55 triveres Apple - John
Subdivision II and a man	BN 5710	s Hayes Ra, 510 an right
Subdivision: Hunters Point		Lot: '41
Type Construction: (Please Check)		Building Use: (Please Check)
New Renovation () Addition ()		Residential M Modular ()
Moved House () Other ()		
Description of Proposed Work: Sing	le tomily i	wellin "
Total Project Cost: 135,000	<u>_</u>	
_		
Heated 1315 Crawl Space X	ilding Permit Info	ormation
Unheated 5004 Slab ()	Buildi	ng Construction Cost \$ 50,000.
\$7704/41/ 70-11/	Acres Disturbed	1.4107 Stories 1.5
STANCIL Builders, Inc.	466	STANCIL Rd, Angier, NC 27501
Building Contractor's Company Name		Address
prature of Officer(s) of Corporation	034533	(919) 639- 2073
plantate of princer(s) of Corporation	License #	Telephone
771		
Description of Work Residential	trical Permit Info	
TS Pole: Yes () No () Underground ()	<u> </u>	Electrical Cost \$ 3,000.
Permanent Service: Underground ()		
Stancile Owen Electrical Atno	Overhead ()	Service Size:Amps
Electrical Contractor's Company Name	<u>. · </u>	466 Stancil Rd, Angier, NC 27501
- Constitution of the cons	1200	Address
Stanature of Officer (s) of Corporation		
personal organical (a) of Corporation	Licens	se # Telephone
Yneuk	otion Downia I.S.	
Residential 🕱 Other ()	ation Permit Infor Not Required	
Insulating, Inc.	Not Kequired	()
nsulation Contractor's Company Name		1212 Home CT, Raleigh, NC 27603
(919) 772 - 9000		Address
Telephone		
•	nical Permit Infor	area = 41 =
rescription of Work Residential Number	er of Unite To	Ima Cristani
C. & Heating & Airconditioning	57 Of Ollits1	ype SystemMechanical Cost \$ 3,000.
lechanical Comraotor's Company Name	Inc. 1 <u>337 k</u>	ype SystemMechanical Cost \$ 3,000 Nade Stephenson Rd, Holly Springs, NC 27540 Address
Many (12655 - H3	7.44.1034
guature of Officer(s) of Corporation	1 icense #	(919) 552 - 6258
, () is surprised.	Liconac #	Telephone
Plumb	ing Permit Inforn	
escription of Work Residential Num	ber of Baths	
arnes Plumbing Inc.		Plumbing Cost \$ 3,000. ~
umbing Contractor Company Name		O Box 1207, Angier Nc 27501
	<u> </u>	Address
gnature of Officer(s) of Corporation	License #	(919) 639 -0935
2(c) or corporation	LICENSE #	Telephone

Sprinkler System Information

Address Contact Person Telephone License Number Fire Alarm System Information Address Contact Person Address Contact Person Address Contact Person Contact Person Contact Person 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	, /	
License Number Fire Alarm System Information Address Contact Person 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	Sprinkler Contractor's Company Name	Address
Alarm Contractor's Company Name Contact Person Contact Person 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	Contact Person	Telephone
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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	Alarm Contractor's Company Name	Address
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	Contact Person	Contact Person's Signature
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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	NC Department of Transportation Driveway Access/Pe	ermit? Yes No
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	that the construction will conform to the regulations in codes, and the Harnett County Zoning Ordinance. I sta correct as known to me and if any changes occur in the notify the Harnett County Inspections Division of any	a the Building, Electrical, Plumbing and Mechanical ate the information on the above contractors is a above contractors I certify it is my responsibility to changes.

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

The undersigned applicant for Building Permit # 07-500(083) 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(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: Stancil Builders, Inc.
By: Dunda Lildster
Title: \sqrt{P} .
Date: 3-14-67

Plan Box Number 4-6

Job Name_SHC

Date: 3 - 15 - 07

Required Inspections for SFA/SFD

Appl. # 0 / 500 / 683 | Valuation # / 8 8, 308 Sq. Feet | 667

Sequence

10	
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 Pough In 2500
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
The state of the s	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