

* 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 # 0750016849

Owner's Name: STANIL BUILDERS INC Date: _____
Address: 466 STANIL RD ANGLER NC Phone: 639-2073
Directions to job site from Lillington: TO LOTS 6 ON 55 R ON SILVER HOGS RD. SUB ON R
Subdivision: HUNTERS POINT Lot: 36

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 1475 Crawl Space
Unheated SF 425 Slab
General Contractor Information
Building Construction Cost \$ 150,000.00
Acres Disturbed 0.06 Stories 2
STANIL BUILDERS Telephone 919 639 2073
Building Contractor's Company Name

466 STANIL RD ANGLER License # 54519-34533
Address

[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
STANIL & OLIVER ELEC. Telephone 919-639-2073
Electrical Contractor's Company Name

466 STANIL RD ANGLER License # 13075-L
Address

[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 & AC Telephone 552-6258
Mechanical Contractor's Company Name

1539 WADE-STEPHENSON RD HOLLY SPRINGS License # 12655-113
Address

[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. Telephone 639-0935
Plumbing Contractor's Company Name

PO BOX 1207 ANGLER License # P17735
Address

[Signature]
Signature of Officer(s) of Corporation

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

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

2-15-07
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: Starcel 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. # 0750016849
Valuation \$126,826
Sq. Feet 1952

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	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40	<input type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60	<input type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit