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

Application #	ŧ	
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Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: STANCIL BUILDORS, INC.	Date: <u>104/6/2</u> 0
Site Address: 21 Hunters Point Court	Phone: 919-639-20
	towns much
TUROURT ON ITEM ST. 72	en leff ôn
	ace Hinterporton Ric
	1 °
Subdivision	Lot:
Description of Proposed Work: RESIDENTIAL NEW HO	
Heated SF: 1340 Unheated SF: Finished Bonus Room? No General Contractor Information	Crawl Space: V Slab:
STANCIL BUILDERS, INC.	919-639-2073
Building Contractor's Company Name	Telephone
466 GTANCIL Rd. ANGER NC 27501	
Address	Email Address
034533	
License #	_
Description of Work New Resident Contractor Information Description of Work New Resident Service Size:	200 Amps T-Pole: Yes No
SNO FLECTRICAL	919 427 6952
Electrical Contractor's Company Name	Telephone
19655-NG 210 HWY ANGICE, NC	
Address 2750	Email Address
<u>13075-L</u>	
License # Mechanical/HVAC Contractor Inform	ation
Description of Work New Res.	
Steple Gold HVAC	919-329-0686
Mechanical Contractor's Company Name	Telephone
343 ShipWASH DR. GARNER,	· · · · · · · · · · · · · · · · · · ·
Address	Email Address
18644 H 3-I	•
License # Plumbing Contractor Informatio	n
Dari Dari	" # Baths
Description of Work New Res.	919-129-0936
Plumbing Contractor's Company Name	Telephone
P.O. Box 1207 ANGIET, NC 27501	,
Address	Email Address
P11735	
License #	
Insulation Contractor Information	919-1-61-0999
Insulation Contractor's Company Name & Address	Telephone
insulation Contractor's Company Name & Address, NC	

*NOTE: General Contractor must fill out and sign the second page of this application.

Homeowners Applying to Build Their Own H Please answer the following questions then see a Permit Technician to determine if you qualify for pe Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo	rmit under Own	ers Exemption. on request)
1. Do you own the land on which this building will be constructed?	Yes _	No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?	Yes	No
3. Do you intend to directly control & supervise construction activities?	Yes	No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?	Yes _	No
5. Do you intend to personally occupy the building for at least 12 consecuments following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulent secured the permit?		No
I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the Building, Elementary Elementary Country Coning Ordinance. I state the inforcementary is correct as known to me and that by signing below I have obtained permission to obtain these permits and if any changes occur including listed number of bedrooms, building and trade plans, Environmental Health permit chanchanges, I certify it is my responsibility to notify the Harnett County Central Permit any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. As as per current fee schedule.	ctrical, Plum rmation on the contractors, nges or prop mitting Depa	bing and he above ntractors site plan, osed use urtment of
Signature of Owner/Contractor/Officer(s) of Corporation Date	12	
Jakunda Hallston V.P. 11-16.		
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S.	87-14)wner
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:	. 87-14 ntractor or O	
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor Owner	. 87-14 ntractor or O ation(s) perfo	orming the work
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:	. 87-14 ntractor or O ation(s) perfo	orming the work
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:	ntractor or Oation(s) perfo	orming the work to cover them. ance to cover
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Affidavit for Worker's Compensation N.C.G.'S. The undersigned applicant being the:	ntractor or O ation(s) perfo n insurance nsation insura s' compensa he Central P ompensation son, firm or o	to cover them. ance to cover tion insurance ermitting insurance prior corporation

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Pan Box #	AAL	0	Date Job Name	11-26-12 Stanky
07500 App#16	927	Valuation_	115389	SQ Feet 177
Impectionsfo	r SFD/SFA			
Criwl		Slab		Mono
Footing		Footing		Plumbing Under Slab
foundation		Foundation		Ele. Under Slab
Address	•	Address		Address
Open Floor		Slab		Mono Slab
Roughin Insulation	• .	Rough in Insulation		Rough In Insulation
Final		Final	÷	Final
>2500		>2500		>2500
Foundation Surve	ey	Envir. Health_		Other
	·	•		
~~~~				
Additions / Other	•			
ooting		•	•	
oundation				
lab				
	•			
ono	•		·	••
en Floor			•	

Insulation___

Final____

