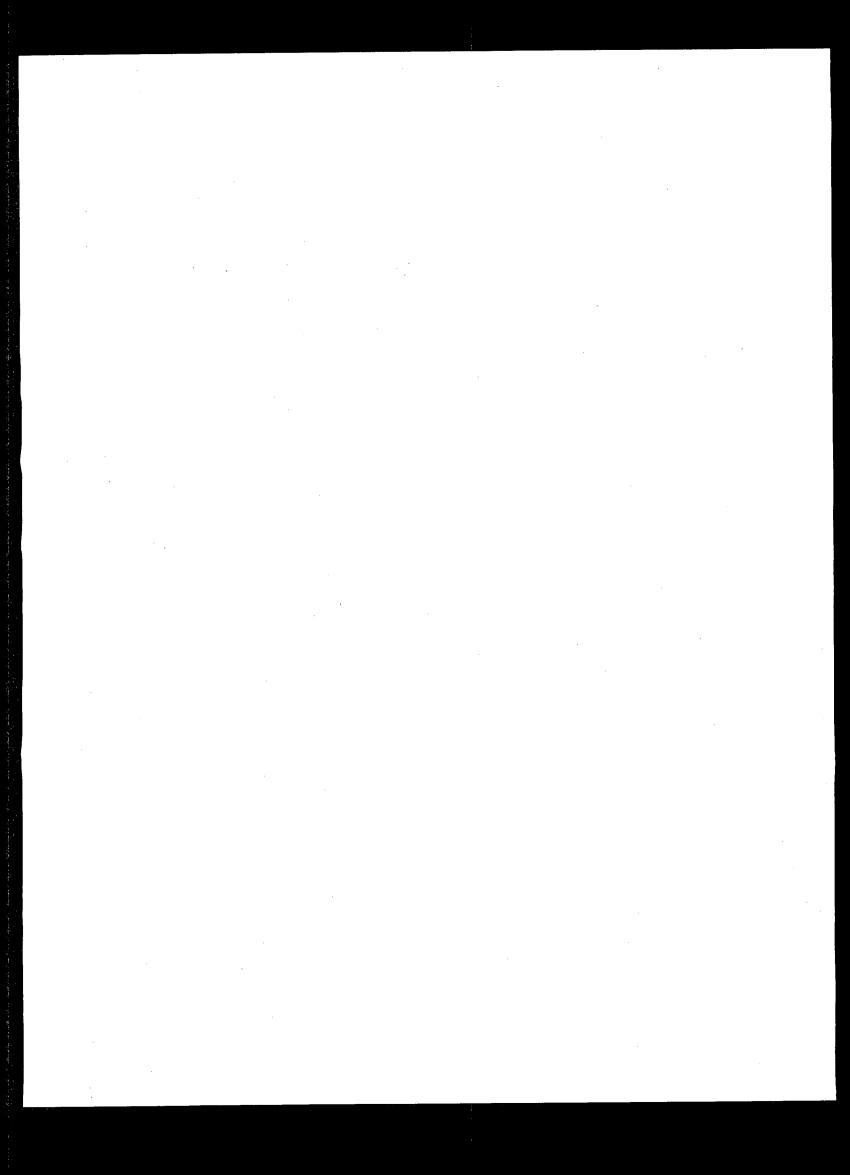
Hunters Point #29

Plan Box #_	B-7		Date 1 - 29 - 13 Job Name Stancil Builder		
App # 070	700 1695	9 Valuation_	115,130	SQ Feet <u>/ 77</u>	2
Inspections for	or SFD/SFA	Slab		Mono	
Fooling Foundation Address Open Floor Rough In Insulation Final		Footing Foundation Address Slab Rough In Insulation Final		Plumbing Under Sia Eie. Under Siab Address Mono Siab Rough In Insulation Final	b
>2500	1/	>2500	1) 1 1-	>2500	-
Foundation Surv	vey <u> 165</u>	Envir. Health_	NewTank	Other	• •
Additions / Othe					1 1

Footing____
Foundation____
Slab___
Mono___
Open Floor____
Rough In____
Insulation___
Final____



B-7

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

Application # 16959

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

Application for Residential Building and Trades Permit

Owners Name Stanci? Builders Inc	Date 1/24/15
Site Address 40 weatherby ct.	Phone <u>919-639-207</u>
Directions to job site from Lillington	nd Hnigell
TURN RT ON Hung 55 Than	left on siliks -
HAVES TAKE 2nd Endrance on	Right
Subdivision Hunters Point	Lot _ 29
Description of Proposed Work	# of Bedrooms 3
Heated SF //80 Unheated SF Finished Bonus Room?	Crawl Space V Slab
General Contractor Information	((((((((((((((((((((
STANCIL BUILDER DR.	919-639.2073 Telephone
Building Contractor's Company Name 466 STANCIZ Rel, Misa, NC 2501	releptione
Address Address	Email Address
0345133	
License #	
Electrical Contractor Information	$\frac{\mathbf{n}}{200}$ Amps T-Pole $\sqrt{\text{Yes}}$ No
3NO ELECTICAL	919 427-695 ² Telephone
Electrical Contractor's Company Name 1965 - WC 210 Hwy Anige WC	relephone
1965 - NC 210 Hwy Anigh NC Address 27501	Email Address
13075-L	E///di/ //dd/ 000
License #	•
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work Wew Res	
Stephenson Ituac	919-329-0686
Mechanical Contractor's Company Name	Telephone
343 Snipwash Dr. Garnel	
Address	Email Address
18644 H3-I	
License # Plumbing Contractor Informatio	n ·
$\mathcal{O}_{\mathcal{O}}$	# Baths 2
Description of Work 1000 - 3	919-1029-0935
BATNES DIUMBIND	Telephone
Plumbing Contractor's Company Name On Box 1207 Vangreil WC 2750/	relephone
Address Address	Email Address
N 17735	
Vicense #	
Insulation Contractor Information	on 018 (// 1900
TATUM INS. 519 Old Divgsbrend	919-661-0999
Insulation Contractor's Company Name & Address GamaR Nº	Telephone

Mechanical codes and the Harnett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors site plan number of bedrooms building and trade plans Environmental Health permit changes or proposed use changes I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Owner _____ Officer/Agent of the Contractor or Owner General Contractor 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 three (3) or more employees and has obtained workers compensation insurance to cover them Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves Has no 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 worker's 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

Company or Name

Sign w/Title

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

B-7

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

Application # 15951

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

Application for Residential Building and Trades Permit

phone must match	- 1/21/13
Owners Name Spancil Builders Inc.	
Site Address 40 weatherby ct.	Phone 919-639-2073
Directions to job site from Lillington TALE 210 TWAN	
TURN RT ON Hung 55 Man 1	eft on siling
HAVES take I'm Entrance on	RIGHT
Subdivision Hunters point	Lot _ 29
Description of Proposed Work New Tome	# of Bedrooms 3
Hested SE (190) Unheated SF — Finished Bonus Room?	Crawl Space V Slab
General Contractor information	919-639.2073
STANCIL Builder Dr.	Telephone
Building Contractor's Company Name, LIGGO STANCIZ Rel, ANGR, NC 27501	
Address	Email Address
034533	
	,
Description of Work Wew Residential Service Size	200 Amps T-Pole Yes No
SNO FLECTICAL	919 421-6952
Electrical Contractor's Company Name	Telephone
19/15-WE 211) ITWIS VINIGER WC	Email Address
Address 27501	Email Address
13075-4	
License # Mechanical/HVAC Contractor Inform	nation
Description of Work Wew Res	010, 329-0686
Stephenson TUHE	Telephone
La Land Contractor & Company Name	Тегерпопо
343 Shipwash Or. Garner	Email Address
Address 18644 H3 -T	
1001111	
Plumbing Contractor Information	
Description of Work New Ves	#Baths
RIATHES DIUMBING	Telephone
Plumbing Contractor's Company Name Plumbing Contractor's Company Name DO ROY 1207 Voncycel WC 27501	relephone
NO TON TON	Email Address
Address	
Vicense #	on ·
Insulation Contractor Information	919-661-0999
Insulation Contractor's Company Name & Address Company Name	Telephone
Insulation Contractor's Company Name & Address () WYUFE 10	프랑이 병생한 사람들이 되었다.

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 that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors site plan number of bedrooms building and trade plans Environmental Health permit changes or proposed use changes I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule

Affidavit for Worker's Compensation N C G S 87-14

The undersigned applicant being the

provided to special			Norker's Com	pensation N C	GS 87-14	
The und	dersigned applicat	nt being the				
1	General Contrac	tor	Owner	_Officer/Agent of t	he Contractor or O	wner
	by confirm under	penalties of p	erjury that the pe	rson(s) firm(s) or o	corporation(s) perfo	orming the work
	las three (3) or m	ore employee	s and has obtaine	ed workers compe	nsation insurance	to cover them
them H	las one (1) or mo	re subcontrac	tors(s) and has o	otained workers co	ompensation insura	ince to cover
covering	las one (1) or mo themselves	re subcontrac	tors(s) who has th	neir own policy of w	vorkers compensa	tion insurance
H	las no more than	two (2) emplo	yees and no sub	contractors		
Departn to issua	nent issuing the pe	ermit may req	uire certificates of	coverage of work	that the Central Pe er's compensation by person firm or c	insurance prior
Compar	ny or Name	SMACIL	Builder	-s Inc	Maria	
Sign w/	Title	hunda	Basi	Can V.P.	Date	44-13