

\* 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**

Owner's Name: STANCIL BUILDERS, INC. Date: NOV/16/2012  
Site Address: 20 HUNTERS POINT Phone: 919-639-2073  
Directions to job site from Lillington: take 210 toward ANGIER, N.C. N.W.R.T. On Hwy 55 then left on SILVER HILLS MAKE 2nd ENTRANCE HUNTERS POINT ON RIGHT.  
Subdivision: HUNTERS POINT Lot: 30  
Description of Proposed Work: RESIDENTIAL NEW HOME # of Bedrooms: 3  
Heated SF: 1180 Unheated SF: \_\_\_\_\_ Finished Bonus Room? NO Crawl Space:  Slab: \_\_\_\_\_

**General Contractor Information**

STANCIL BUILDERS, INC. 919-639-2073  
Building Contractor's Company Name Telephone  
466 STANCIL RD. ANGIER, NC 27501  
Address Email Address  
034533

**Electrical Contractor Information**

Description of Work New Residential Service Size: 200 Amps T-Pole:  Yes  No  
SNO. ELECTRICAL 919 427 6952  
Electrical Contractor's Company Name Telephone  
19655 - NC 210 HWY ANGIER, NC  
Address Email Address  
13075-L 27501

**Mechanical/HVAC Contractor Information**

Description of Work New Res.  
STEPHENSON HVAC 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 SHIPWASH DR. GARDNER,  
Address Email Address  
18644 H3-I NC

**Plumbing Contractor Information**

Description of Work New Res. # Baths \_\_\_\_\_  
BARNES PLUMBING 919-639-0935  
Plumbing Contractor's Company Name Telephone  
P.O. Box 1207 ANGIER, NC 27501  
Address Email Address  
P17735

**Insulation Contractor Information**

TATUM INS. 519 OLDDRUGSTORE Rd. 919-661-0999  
Insulation Contractor's Company Name & Address Telephone  
GARDNER, NC

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

### Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon 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 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the 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 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.

Shonda Salduter V.P.  
Signature of Owner/Contractor/Officer(s) of Corporation

11-16-12  
Date

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

The undersigned applicant being the:

General 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 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 them.

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: STANCIA BUILDERS, INC.

Sign w/Title: Shonda Salduter V.P. Date: 11-16-12

Plan Box # AALP  
07500  
App # 110900

Date 11-20-12  
Job Name Stamil

Valuation <sup>\$</sup> 111810

SQ Feet 1721

**Inspections for SFD/SFA**

Crawl

Slab

Mono

Footng	Footng	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

Foundation Survey \_\_\_\_\_

Envir. Health  \_\_\_\_\_

Other \_\_\_\_\_

**Additions / Other**

- Footng \_\_\_\_\_
- Foundation \_\_\_\_\_
- Slab \_\_\_\_\_
- Mono \_\_\_\_\_
- Open Floor \_\_\_\_\_
- Rough In \_\_\_\_\_
- Insulation \_\_\_\_\_
- Final \_\_\_\_\_

