

Application for Building and Trade Permit

Owner's Name: Stancil Builders, Inc.
Address: 466 Stancil Road

Date: 4/2/07
Phone: 910-639-2073

Directions to job site: Take "Old" Hwy 421 North 2 miles, turn left into Ross McRae Brae Subdivision, 2nd lot on right (Lot 19).

Subdivision: Ross McRae Brae
Construction Type: (Please Check)
 New
 Renovation
 Addition
 Moved House
 Other

Lot: Lot 19
Building Use: (Please Check)
 Residential
 Modular
 Commercial
 Multi-Family


Description of Proposed Work: Construct a Single Family Dwelling
Total Project Cost: _____

Heated SF 2200 Crawl Space (X)
Unheated SF 440 Slab ()
Stancil Builders, Inc.
Building Contractor's Company Name
466 Stancil Road Angier, NC 27501
Address


Signature of Officer(s) of Corporation

Building Permit Information
Building Construction Cost \$ 50,000.00
Acres Disturbed _____ Stories _____
910-639-2073
Telephone
034533
License #

Description of Work: Residential
TS Pole: Yes () No () Underground ()
Permanent Service: Underground (X) Overhead () Service Size: _____ Amps
Stancil and Owen Electrical, Inc.
Electrical Contractor's Company Name
466 Stancil Road Angier, NC 27501
Address


Signature of Officer(s) of Corporation

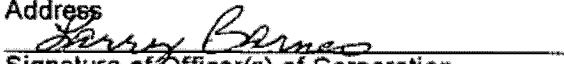
Electrical Permit Information
Electrical Cost \$ 3,000.00
Overhead ()
919-639-2073
Telephone
13075-L
License #

Description of Work: Residential
Number of Units: 1
J C's Heating & Air Conditioning, Inc.
Mechanical Contractor's Company Name
1539 Wade Stephenson Rd. Holly Springs, NC 27540
Address


Signature of Officer(s) of Corporation

Mechanical Permit Information
Type System _____ Mechanical Cost: \$3,000.00
919-552-6258
Telephone
12655-H3
License #

Description of Work: Residential
Barnes Plumbing, Inc.
Plumbing Contractor's Company Name
PO Box 1207 Angier, NC 27501
Address


Signature of Officer(s) of Corporation

Plumbing Permit Information
Number of Baths 2 Plumbing Cost \$3,000.00
919-639-0935
Telephone
17735
License #

Residential (X) Other () Not Required ()
Insulating, Inc.
Insulation Contractor's Company Name

Insulation Permit Information
1212 Home Ct Raleigh, NC 27603
Address
919-772-9000
Telephone

Sprinkler System Information

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address


License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes _____ No X

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 including listed contractors, site plan, 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 Division of any and all changes.



Signature of Owner/Contractor/Officer(s) of Corporation

Date 4/2/2007

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

The undersigned applicant for Building Permit # _____ being the:

- Contractor
- Owner
- _____ Office/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 (1) or more subcontractor(s) and has/have obtained workers' Compensation insurance to cover them.

Has/have one (1) or more subcontractor(s) and has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not more than (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.

James A. Christian 4/2/2007

Plan Box Number AA-6

Job Name STANGIL

Date: 4-2-07

Required Inspections for SFA/SFD

Appl. # 0750017251
Valuation \$ 171,851
Sq. Feet 2645

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 type="checkbox"/>	Four Trade Rough In
40	<input checked="" 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 type="checkbox"/>	Four Trade Final
60	<input checked="" 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