Harriett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Application for Building and Trade Permit

Owner's Name: Stancil Builders, Inc. Date: 4/2/07 Address: 466 Stancil Road Phone: 910-639-2073 Directions to job site: Take "Old" Hwy 421 North 2 miles, turn left into Ross McRae Brae Subdivision, 4th lot on right (Lot 17). Subdivision: Ross McRae Brae Lot: Lot 17 Construction Type: (Please Check) Building Use: (Please Check) _X_ New X Residential Renovation Modular Addition Commercial Moved House Multi-Family Other Description of Proposed Work: Construct a Single Family Dwelling Total Project Cost: **Building Permit Information** Heated SF 2200 Crawl Space (X) Building Construction Cost \$ 50,000.00 Unheated SF 440 Slab () Acres Disturbed _____ Stories 910-639-2073 Stancil Builders, Inc. **Building Contractor's Company Name** Telephone 466 Stancil Road Angier, NC 27501 034533__ Address License # Signature of Officer(s) of Corporation Electrical Permit Information Description of Work: Residential Electrical Cost \$ 3,000.00 TS Pole: Yes () No () Underground () Overheard () Permanent Service: Underground (X) Overhead () Service Size: Amps Stancil and Owen Electrical, Inc. 919-639-2073 **Electrical Contractor's Company Name** Telephone 466 Stancil Road Angier, NC 27501 13075-L Address License # Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work: Residential Number of Units: 1 Type System Mechanical Cost: \$3,000.00 J C's Heating & Air Conditioning, Inc. 919-552-6258 Mechanical Contractor's Company Name Telephone 1539 Wade Stephenson Rd. Holly Springs, NC 27540 12655-H3 Address License # Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work: Residential Number of Baths 2 Plumbing Cost \$3,000.00 Barnes Plumbing, Inc. 919-639-0935 Plumbing Contractor's Company Name Telephone 17735 PO Box 1207 Angier, NC 27501 Address License # Farre Signature of Officer(s) of Corporation **Insulation Permit Information** Residential (X) Other () Not Required () insulating, Inc. 919-772-9000 1212 Home Ct Raleigh, NC 27603 Insulation Contractor's Company Name Address Telephone

Sprinkler System Information Sprinkler Contractor's Company Name Telephone Contact Person Address License # Signature of Officer(s) of Corporation Fire Alarm System nformation Fire Alarm Contrator's Company Name Telephone Contact Person License # Address 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

__4/2/2007_____

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

The undersign	ned applicant for Building Permit # being the:
x x	Contractor Owner
- A Communication of the Commu	Office/Agent of the Contractor or Owner
*	nfirm under pwnalties of perjury that the person(s), firm(s) or corporation(s) performing orth 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.
x	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.
Permitting De	on the project for which this permit is sought it is understood that the Central partment issuing the permit may require certificates of coverage of worker's 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 J. Christian

2//2/2007

Plan Box Number AA-6

Job Name <u>STANCI</u> L

Date: <u>41-2-07</u>

Required Inspections for SFA/SFD

Sequence

R* Bldg. Footing R* Elec. Temp Service P R* Building Foundation Address Confirmation Open Floor	ole
R* Building Foundation Address Confirmation	
20 Address Confirmation	
** ***	
30-999 Open Floor	
30-999 R* Bldg. Slab Insp.	
30-999 R* Elec. Under Slab	
30-999 R*Plumb. Under Slab	
40 Four Trade Rough In	
Four Trade Rough In> 250	20
40 Three Trade Rough In	,,
40 Three Trade Rough In> 25	00
40 Two Trade Rough In	00
40 Two Trade Rough In> 250	በ
40 One Trade Rough In	v
40 One Trade Rough In > 250	ი
50 R* Insulation	v
60 Four Trade Final	
60 Four Trade Final > 2500	
60 Three Trade Final	
60 Three Trade Final > 2500	
60 Two Trade Final	
60 Two Trade Final > 2500	
60 One Trade Final	
60 One Trade Final > 2500	
Envir. Operations Permit	