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

Application # 0 - 50

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 hone 910-893-7525 Fex 910-893-2793 www.hernett.org Application for Residential Building and Trades Permit Owner's Name: Site Address: (005 Cohestor Variatione: 919-Directions to job site from Lillington Subdivision: Lot: Description of Proposed Work: #Bedrooms Heated SF 1533 Unheated SF Finished Rec Room? Crawl Space (4-81ab () General Contractor Information Stancil Builders Building Contractor's Company Name 919-639-2073 Telephone 466 Stancil Rd., Angier, NC 27501 034533 License # Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page Description of Work New Residential Service Size: 200 Amps TPole: yes/no Stancil-Owen Electrical Electrical Contractor's Company Name <u>919-639-2073</u> Telephone Rd. ngier. NC 27501 Address 13075-L License # Signature of Office (s) of Corporation Mechanical Permit information Description of Work Residential JC's Heating & Air Mechanical Contractor's Company Name 919-552-6258 Telephone 1589 Wade Stephenson Molly Springs, NC Address 12655-H3 License # Signature of Office (s) of Officeration Plumbing Permit Information Description of Work ___ Residential # Baths Barnes Plumbing, Plumbing Contractor's Company Name 919-639-0935 Telephone PO Box 1207, Angier, NC 27501 Address P17735 License # Signature of Officer(s) of Corporation Insulation Permit Information Insulating, Inc. 212 Home Ct., Raleigh, NC 919-772-9000 Insulation Contractor's Company Name & Address

27603

Telephone

1. Do you own the land on	-14 Regulations as to issue of Building Permits (Memo available upon request which this building will be constructed? yes
2 Have you blood	yes no
project?	to hire an individual to superintend and manage construction of the
3. Do you intend to directly	control & supervise construction activities?
4. Do you intend to schedu done?	le, contract, or directly pay for all phases of construction work to be
completion of construction a presumption under law that	ally occupy the building for at least 12 consecutive months following and do you understand that if you do not do so, it creates the you fraudulently secured the permit?
	yes no
contractors is correct as known number of bedrooms, building a changes, I certify it is my responsy and all changes.	authority to make necessary application, that the application is correct conform to the regulations in the Building, Electrical, Plumbing and rest County Zoning Ordinance. I state the information on the above to me and if any changes occur including listed contractors, site plan, and trade plans, Environmental Health permit changes or proposed use insignify to notify the Harnett County Central Permitting Department of
Signature of Owner/Contractor/C	Officer(s) of Corporation Date
Affidavi	t for Worker's Compensation N.C.G.S. 87-14
The undersigned applicant being	the compensation N.C.G.S. 87-14
14	· · · · · · · · · · · · · · · · · · ·
X General Contractor	Owner Officer/Agent of the Contractor or Owner
el forth in the permit:	OwnerOfficer/Agent of the Contractor or Owner as of perjury that the person(s), firm(s) or corporation(s) performing the work
el forth in the permit: X Has three (3) or more emp	Owner Officer/Agent of the Contractor or Owner of perjury that the person(s), firm(s) or corporation(s) performing the work playees and has obtained workers' compensation insurance to exceed
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Has one (1) or more subcovering themselves. Has no more than two (2) ethile working on the permit may issuance of the permit and at an rrying out the work.	Owner Officer/Agent of the Contractor or Owner os of perjury that the person(s), firm(s) or corporation(s) performing the work playees and has obtained workers' compensation insurance to cover them. Intractors(s) and has obtained workers' compensation insurance to cover ontractors(s) who has their own policy of workers' compensation insurance imployees and no subcontractors. Thich this permit is sought it is understood that the Central Permitting or equire certificates of coverage of worker's compensation insurance prior by time during the permitted work from any person, firm or corporation

9/07

Plan Box Number AA-7

Job Name STANCIL

Date: 2 - 22 - 08

Required Inspections for SFA/SFD

Appl. # 0750017562 Valuation \$101, 95 Sq. Feet 1564

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
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
40	Four Trade Rough In> 2500
40	Three Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
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
999	Envir. Operations Permit