

Plan Box # A 6

Date 4-4-10
Job Name Stenail Builders

App # 0750017605

Valuation [#] 148440

SQ Feet 1315
Garage 600
= 1915

Inspections for SFD/SFA

Crawl Slab _____ Mono _____ Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey Envir. Health New Septic Other _____

Additions / Other

Footing _____
Foundation _____
Slab _____
Mono _____
Open Floor _____
Rough In _____
Insulation _____
Final _____

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

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 _____
Site Address 44 Henry Rifle Lane Angier 27501 Phone 919-639-2073
Directions to job site from Lillington Take Hwy 210 to Angier at light turn Right on NC 55, left on Silas Hays Rd., Right on Hunters Point Ct., Right on Weatherly Ct., left on Henry Rifle Lane.
Subdivision Hunters Point Lot 1B
Description of Proposed Work Single Family Dwelling # of Bedrooms 3
Heated SF 1315 Unheated SF _____ Finished Bonus Room? _____ Crawl Space X Slab _____

General Contractor Information

Stancil Builders Inc. 919-639-2073
Building Contractor's Company Name Telephone
466 Stancil Rd. Angier 27501 wendydorman@combarqmail.com
Address Email Address
34533
License #

Electrical Contractor Information

Description of Work SFD Service Size 200 Amps T-Pole Yes No
No Electrical 919-427-6952
Electrical Contractor's Company Name Telephone
19655 NC 210 Hwy Angier 27501
Address Email Address
13075-L
License #

Mechanical/HVAC Contractor Information

Description of Work SFD
Stephenson Heating & Air Inc. 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr. Garner 27529
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work SFD # Baths 2
Barnes Plumbing Inc. 919-422-2133
Plumbing Contractor's Company Name Telephone
239 Millwood Lane Angier 27501
Address Email Address
P17735
License #

Insulation Contractor Information

Saturn Insulation II Inc. 519 Old Drug Store Rd. 919-661-0999
Insulation Contractor's Company Name & Address Telephone
Garner 27529

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

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

Dorinda Waldster V.P.
Signature of Owner/Contractor/Officer(s) of Corporation

3-29-16
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 Stancil Builders Inc.

Sign w/Title Dorinda Waldster Date 3-29-16

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 441742

Filed on: 03/29/2016

Initially filed by: StencilBuildersInc

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com (<http://www.liensnc.com>)

Address: 19 W. Hargett St., Suite 507 / Raleigh,
NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Owner Information

Stencil Builders Inc
466 Stencil Road
Angier, NC 27501
United States
Email: bgoldston@embarqmail.com
Phone: 919-639-2073

Project Property

Lot 18 Hunters Point Book of Maps 2006 Page
1128 Deed Book 3386 Page 885
44 Henry Rifle Lane
Angier, NC 27501
Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

04/19/2016

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384