

**Application for Building and Trade Permit**

Owner's Name: Stancil Builders, Inc. Date: \_\_\_\_\_  
Address: 466 Stancil Rd, Angier, NC 27501 Phone: (919) 639-2073  
Directions to job site: 421 to Christal Light Rd to Cokesbury Rd to Cokesbury Sub.  
Subdivision: Cokesbury Park Lot: 73  
Type Construction: (Please Check)  
New  Renovation ( ) Addition ( ) Building Use: (Please Check)  
Moved House ( ) Other ( ) Residential  Modular ( )  
Commercial ( ) Multi-Family ( )  
Description of Proposed Work: New House  
Total Project Cost: 105,000.00

**Building Permit Information**

Heated \_\_\_\_\_ Crawl Space   
Unheated \_\_\_\_\_ Slab ( ) Building Construction Cost \$ 90,000  
Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_  
STANCIL BUILDERS, INC. Address 466 STANCIL Rd, Angier, NC 27501  
Building Contractor's Company Name  
Signature of Officer(s) of Corporation [Signature] License # 034533 Telephone (919) 639-2073

**Electrical Permit Information**

Description of Work Residential Electrical Cost \$ 3,000.-  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps  
STANCIL & OWEN ELECTRICAL, INC. Address 466 Stancil Rd, Angier, NC 27501  
Electrical Contractor's Company Name  
Signature of Officer (s) of Corporation [Signature] License # 13075-L Telephone (919) 639-2073

**Insulation Permit Information**

Residential  Other ( ) Not Required ( )  
INSULATING, INC. Address 1212 Home Ct, Raleigh, NC 27603  
Insulation Contractor's Company Name  
Telephone (919) 772-9000

**Mechanical Permit Information**

Description of Work Residential Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ 3,000.-  
J.C. Heating & Airconditioning, Inc. Address 1539 Wade Stephenson Rd, Holly Springs, NC 27540  
Mechanical Contractor's Company Name  
Signature of Officer(s) of Corporation [Signature] License # 12655-H3 Telephone (919) 552-6258

**Plumbing Permit Information**

Description of Work Residential Number of Baths \_\_\_\_\_ Plumbing Cost \$ 3,000.-  
BARNES PLUMBING, INC. Address PO Box 1207, Angier, NC 27501  
Plumbing Contractor's Company Name  
Signature of Officer(s) of Corporation [Signature] License # 17735 Telephone (919) 639-0935

Sprinkler System Information

Sprinkler Contractor's Company Name N/A Address \_\_\_\_\_  
Contact Person N/A Telephone \_\_\_\_\_  
License Number \_\_\_\_\_

Fire Alarm System Information

Alarm Contractor's Company Name \_\_\_\_\_ Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ N/A Contact Person's Signature \_\_\_\_\_  
License Number \_\_\_\_\_ Telephone \_\_\_\_\_

Driveway Access

NC Department of Transportation Driveway Access/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 if any changes occur in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

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

\_\_\_\_\_  
Date

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

The undersigned applicant for Building Permit # \_\_\_\_\_ being the

          ✓           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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

                           has/have one or more subcontractor(s) and has/have obtained workers' compensation insurance covering them.

          ✓           has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering themselves.

                           has/have not 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 workers' 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.

Firm name:           Stanick Builders, INC          

By:           Brenda Dalton          

Title:           Vice. President          

Date:           9-28-07

Cokesbury Pk.

Plan Box Number AA 6

Job Name Stawcil

Date: 10-1-07

Required Inspections for SFA/SFD

Appl. # 07-500 18571  
Valuation # 129033  
Sq. Feet 1986

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30	<u>        </u>	R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20	<u>        </u>	Address Confirmation
30-999	<u>✓</u>	Open Floor
30-999	<u>        </u>	R* Bldg. Slab Insp.
30-999	<u>        </u>	R* Elec. Under Slab
30-999	<u>        </u>	R* Plumb. Under Slab
40	<u>✓</u>	Four Trade Rough In
40	<u>        </u>	Four Trade Rough In > 2500
40	<u>        </u>	Three Trade Rough In
40	<u>        </u>	Three Trade Rough In > 2500
40	<u>        </u>	Two Trade Rough In
40	<u>        </u>	Two Trade Rough In > 2500
40	<u>        </u>	One Trade Rough In
40	<u>        </u>	One Trade Rough In > 2500
50	<u>✓</u>	R* Insulation
60	<u>✓</u>	Four Trade Final
60	<u>        </u>	Four Trade Final > 2500
60	<u>        </u>	Three Trade Final
60	<u>        </u>	Three Trade Final > 2500
60	<u>        </u>	Two Trade Final
60	<u>        </u>	Two Trade Final > 2500
60	<u>        </u>	One Trade Final
60	<u>        </u>	One Trade Final > 2500
999	<u>✓</u>	Envir. Operations Permit