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



Application # 07500 1895 7

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Residential Building and Trades D

	iliding and Trades	<u>Permit</u>	
Cito Address	nC. Date	oct 13, 2009	
Site Address: 70 Clave Howard D	^	39-2072	
Directions to job site from Lillington:	A	raion	
May 55 Then Lo	0 0 1		
turn Ron Atking	no have	buto Springs	
Subdivision: Toward France	190 306	on Right	
Description of Proposed Work 110.	Lot: _	4	
Heated SF 1488 Unheated SF 160. Finished Rec	<u>и-е</u> #Вео	rooms: 3	
General Contractor	Room? 100	Crawl Space (Slab ()	
- Stanoil Dulia		:	
Building Contractor's Company Name Te	919-639-207 elephone	3	
466 Stancil Pd Annia	NO 32501	,	
Address Angler,	NC 27501	034533	
Auxou of May	at alam a su	License #	
) () o o o o o o o o o o o o o o o o o	st sign & fill out second		
Description of Work New Residential Service Siz	formation		
Stancil-Owen Electrical, Inc.	e: <u>200</u> Amps	TPole: yes/no	
Electrical Contractor's Community 111C.	919-639-207	3	
_ 466 Stancil Pd Angial	ephone		
Address Angley, NC 2750:	<u> </u>	_13075-L	
then A		License #	
Signature of Officer(s) of Corporation			
Mechanical Permit Information			
Residential Residential	:		
JC's Heating & Air	919-552-	6250	
Mechanical Contractor's Company Name		.6258	
Address Address Made Stephenson Rd., Holly Spr	ings NC	12655	
The state of the s		12655-H3 License #	
Signature of Office (Co.)		License #	
Signature of Officer(s) of Corporation	,		
Description of Work Residential	<u>ormation</u>		
	# Baths		
Barnes Plumbing, Inc. Plumbing Contractor's Company Name	919-639-	0935	
PO Box 1207, Angier, NC 27501	Telephone		
Address	P177	35	
Zan Rama		License #	
Signature of Officer(s) of Corporation		"	
Insulation Permit Information			
Insulation Contractor's Company Name & Address	Leigh, NC 919	<u>9-772-900</u> 0	
	27603 T	elephone	

Telephone

Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)		
Do you own the land on which this building will be constructed? yes no		
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?		
3. Do you intend to directly control & supervise construction activities? yes no		
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?		
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the 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 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.		
Signature of Owner/Contractor/Officer(s) of Corporation oct 13, 2009 Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
X 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:		
X 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.		
X 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 Byilders, Inc.		
Sign workers: 10-13-09		

Page 2 of 2

9/07

CARNEE GARREE STONGIL Job Name HOWARD FORMS

Date: 10-15-09

Plan Box Number AA-6

Required Inspections for SFA/SFD

Appl. # 0750018957 Valuation # 126,239 Sq. Feet 1943

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