\* 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 license.

Application #_	07-	5001	8959

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 Permit Owner's Name: Date: Phone: 419 Site Address: 69 Clave Hou Directions to job site from Lillington Subdivision: Description of Proposed Work: Simle #Bedrooms: Heated SF 1593 Unheated SF 1139 Finished Rec Room? Crawl Space (U/Slab () General Contractor Information 919-639-Ruilders. **Building Contractor's Company Name** Telephone NC 27501 466 Stancil Rd., Angier, 034533 License # Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation Description of Work New Residential Service Size: 200 Amps: TPole: yes/no Stancil-Owen Electrical, Inc. 919-639-20 Electrical Contractor's Company Name Telephone Angier 13075-L License # of Officer(s) of Corporation Mechanical Permit Information Description of Work Residential 919-552-6258 JC's Heating & Air Mechanical Contractor's Company Name Telephone Wade Stephenson Molly Springs,NC∴ 12655-H3 Address License # Signature of Officer(s) of Corporation Plumbing Permit Information Residential Description of Work # Baths\_ 919-639-0935 Barnes Plumbing, Inc. Plumbing Contractor's Company Name Telephone P17735 PO Box 1207, Angier, NC 27501 Address License # Signature of Officer(s) of Corporation insulation Permit Information 919-772-9000 Insulating, Inc., 1212 Home Ct., Raleigh, NC Insulation Contractor's Company Name & Address Telephone 27603

Page 1 of 2

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and the second of the second o	
Homeowners Applying to Build To Please answer the following quiestons then see a Perrola Technician to Security and Company of Build Security and Company of	helf Own Home If you guelly for permit under Owners Exemption, ding Permits (Memo available upon request)
Do you own the land on which this building will be constru	
Have you hired or Intend to hire an individual to superinter roject?	
Do you intend to directly control & supervise construction	
. Do you intend to schedule, contract, or directly pay for all one?	
. Do you intend to personally occupy the building for at least ompletion of construction and do you understand that if you resumption under law that you fraudulently secured the per	40 1101 40 501 11 61 44165
hereby certify that I have the authority to make necessary applicand that the construction will conform to the regulations in the Mechanical codes, and the Harnett County Zoning Ordinance. I contractors is correct as known to me and if any changes occur is number of bedrooms, building and trade plans. Environmental Herebanges, I certify it is my responsibility to notify the Harnett Courage, and all changes.	state the information on the above necluding listed contractors, site plan,
any and an estanger.	
	Date .
Signature of Owner/Contractor/Officer(s) of Corporation	5 14 3 A 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation	5 1. 3A4 2
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation  The undersigned applicant being the:  X_General ContractorOwnerOfficer//	Agent of the Contractor or Owner
Affidavit for Worker's Compensation  Affidavit for Worker's Compensation  The undersigned applicant being the:  X General ContractorOwnerOfficer//  Do hereby confirm under penalties of perjury that the person(s), first torth in the permit:	Agent of the Contractor or Owner / irm(s) or corporation(s) performing the work
Affidavit for Worker's Compensation  Affidavit for Worker's Compensation  The undersigned applicant being the:  X General Contractor Owner Officer//  Do hereby confirm under penalties of perjury that the person(s), first torth in the permit:  X Has three (3) or more employees and has obtained worker	Agent of the Contractor or Owner (mr.(s) or corporation(s) performing the workers' compensation insurance to cover them.
Affidavit for Worker's Compensation  Affidavit for Worker's Compensation  The undersigned applicant being the:  X General Contractor Owner Officer//  Do hereby confirm under penalties of perjury that the person(s), first forth in the permit:  X Has three (3) or more employees and has obtained worker.  Has one (1) or more subcontractors(s) and has obtained worker.	Agent of the Contractor or Owner (mr.(s) or corporation(s) performing the workers' compensation insurance to cover them.
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Affidavit for Worker's Compensation  Affidavit for Worker's Compensation  The undersigned applicant being the:  X General Contractor Owner Officer//  Do hereby confirm under penalties of perjury that the person(s), first forth in the permit:  X Has three (3) or more employees and has obtained worker Has one (1) or more subcontractors(s) and has obtained withern.  X Has one (1) or more subcontractors(s) who has their own covering themselves.  Has no more than two (2) employees and no subcontractors.	Agent of the Contractor or Owner firm(s) or corporation(s) performing the workers' compensation insurance to cover them.  workers' compensation insurance to cover policy of workers' compensation insurance to cover policy of workers' compensation insurance ors.
Affidavit for Worker's Compensation  The undersigned applicant being the:  X General Contractor Owner Officer// Do hereby confirm under penalties of perjury that the person(s), first forth in the permit:  X Has three (3) or more employees and has obtained worker Has one (1) or more subcontractors(s) and has obtained without them.  X Has one (1) or more subcontractors(s) who has their own covering themselves.  Has no more than two (2) employees and no subcontractor While working on the project for which this permit is sought it is understand to issuance of the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working the permit and at any time during the permit at any time during the permit and at any time during the permit and at any time during the permit at any time during th	Agent of the Contractor or Owner firm(s) or corporation(s) performing the workers' compensation insurance to cover them.  workers' compensation insurance to cover policy of workers' compensation insurance fors.  Inderstood that the Central Permitting present worker's compensation insurance priors.
Affidavit for Worker's Compensation  Affidavit for Worker's Compensation  The undersigned applicant being the:  X General Contractor Owner Officer// Do hereby confirm under penalties of perjury that the person(s), first forth in the permit:  X Has three (3) or more employees and has obtained worker Has one (1) or more subcontractors(s) and has obtained withem.  X Has one (1) or more subcontractors(s) who has their own covering themselves.  Has no more than two (2) employees and no subcontractor While working on the project for which this permit is sought it is understance of the permit and at any time during the permitted working out the work.	Agent of the Contractor or Owner firm(s) or corporation(s) performing the workers' compensation insurance to cover them. workers' compensation insurance to cover policy of workers' compensation insurance fors.  Inderstood that the Central Permitting ge of worker's compensation insurance price fork from any person, firm or corporation
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## Plan Box Number AA-7

Job Name STANCIL

Date: 2-21-67

## Required Inspections for SFA/SFD

Appl. # **67**500 18959 Valuation # 158,530 Sq. Feet 2440

## 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
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