Application # 08-50019733

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.

or licensed contractor. Address, company	
name & phone must match information on license.	Harnett County Central Permitting
Appl	Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Owner's Name: TOO'	
Site Address: 1075 Col	Date: 7-1-08
Directions to job site from Lilling	ton: 43. (131. Phone: 919-1039-3073
to Chestry 2	iton: Huy 4al to Christica Light Rd
- CONTROLLY NO	1. Chestry Park Sin on - Sold
	- January College
Subdivision: Coheshuc	W Pach
Description of Proposed Warter	SE 1000 First Periodence #Bedrooms: 3
Hastad CE #911	simple comily heridence #Bodron 2
Unheated	The state of the s
	SF 1000 Finished Rec Room? US Crawl Space (VSIab ()
Building Contractor's Company N	rs. Inc. 919 630 00-
166 G	Iame 919-639-2073 Telephone
Address / 400 Stanc	11 Rd., Angier Mg 2555
hilly of the	
Signature of Owner	License #
Agnature of Owner/Contractor/O	Must sign & fill out goest
Description of Work New Des	Electrical Permit Information
Stancil-Ower Res	Electrical Permit information idential Service Size: 200 Amps TPole: yes/no
Stancil-Owen Electrical Contractor's Company N	ical, Inc. 200 Amps TPole: yes/no
Address Stancil Rd.,	Angie NC 27501
	13075 ×
Signature of Officers) of Corporati	
Signature of Officer(s) of Corporation	License #
Description of Work Residen	Mechanical Permit Information
	910 5-
1589 Wade Stephen	Vame 919-552-6258 Telephone 12655-H3
Address Stephenson	Pd. / Holly Spring
- Why	12655-H3
Signature of Officer(s) of Corporation	License #
Description of Work Resident	Plumbing Permit Information
Barnes D:	ial
Barnes Plumbing, Inc.	# Baths_
Plumbing Contractor's Company Nam PO Box 1207	e 919-639-0935
PO Box 1207, Angier,	NC 27501 Telephone
Walters Comment of the Comment of th	VC 27501
	P17735
Signature of Officer(s) of Corporation	License #
Insulating 7	Insulation Permit Information 1.2 Home Ct., Raleigh, NC 919-772-9000 & Address 27603 Telephone
nsulating, Inc., 12 nsulation Contractor's Company Name	12 Home Ct. D
- John Mariy Name	& Address Raleigh, NC 919-772
	27603 Telephone
	alahuoue

Homeowners Applying to Build Their Own Please answer the following questions then see a Permit Technician to determine if you qualify	tor permit under Owne	rs Exemption.
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permi	ts (Memo available	upon request)
1. 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 mar project?	nage construction	n of the no
3. Do you intend to directly control & supervise construction activities?	yesn	o
4. Do you intend to schedule, contract, or directly pay for all phases of done?	construction wor yesn	k to be o
5. Do you intend to personally occupy the building for at least 12 conse completion of construction and do you understand that if you do not do presumption under law that you fraudulently secured the permit?	cutive months for so, it creates the	
I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the Building, Elementary and the Harnett County Zoning Ordinance. I state the incontractors is correct as known to me and if any changes occur including lists number of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central Flany and all changes. Signature of Owner/Contractor/Office (s) of Corporation Date	ifectrical, Plumor iformation on the ed contractors, sit hanges or propos Permitting Departr	ig and above e plan, ed use
Affidavit for Worker's Compensation N.C.G.	S. 87-14	
The undersigned applicant being the:	0	
X General Contractor Owner Officer/Agent of the	*	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit:	oration(s) perform	ning the work
X Has three (3) or more employees and has obtained workers' compensations.	ation insurance to	cover them.
Has one (1) or more subcontractors(s) and has obtained workers' complete.	pensation insuran	ce to cover
$\frac{X}{X}$ Has one (1) or more subcontractors(s) who has their own policy of work covering themselves.	kers' compensatio	n insurance
Has no more than two (2) employees and no subcontractors.		
While working on the project for which this permit is sought it is understood the Department issuing the permit may require certificates of coverage of worker to issuance of the permit and at any time during the permitted work from any particular carrying out the work.	s compensation in	isurance prior
Company or Name: Stancil Builders, Inc.		
Sign with Presidental	e:	<u> </u>
Page 2 of 2		9/07

Plan Box Number AA6

Job Name STANCI

Date: 7-7-08

Required Inspections for SFA/SFD

Appl. # 08 00 19 733
Valuation #132801
Sq. Feet 2044

Sequence

10	
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 .
10	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
· · · · · · · · · · · · · · · · · · ·	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	
999	One Trade Final > 2500
	Envir. Operations Permit