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

1	SC	ANNED
4	1	09
	-	DATE

Application # 08 500 19879

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Residential Building and Trades Permit

	Owner's Name: _	Stancil 1	Buildore	Tac	ar ourgring an	d Trades Po	<u> Prmit</u>	
	Site Address:	120 -	Daildela	THE		Date:	3/26/0	9
		THE TWO	le Dive	n_{κ}	Pr	none: 919-6	39-2073	
	Directions to job s	we wom enstigt	ion: 40	ltowa	urde Pave	ttoville	Maren D	ight
	Hwy27, tu	rn Left of	n Tingen	Rd.	Subdivi	sion on	Left	
	Cubelinia							
	Subdivision:					Lot:	121	
	Description of Pro	posed Work: _	Residen	<u>tial</u>	Uomo		noms: 3	
	Heated SF 1180	Unheated S	SF <u>3a4</u> f	inished	Rec Room?			- V
0.1			<u> 24011010</u>		actor Informa	tion	Crawl Space	M Slab ()
APR	Building Contracto	1 Ruilder	s. Inc.		919-	639-2073	3	
-	1 4	lee Stand	ame		i Alanhona			
_	Address//	66 Stanci	II Kd.,	Angie	r, NC 27	<u>501</u>	034533	
	Suddle of	11/30					License #	
	Signature of Owner	r/Contractor/Of	ficer(s) of Co.	rooratio	Must sign & fi	ll out second	page	
	Description of Work	(New Bea	Electri	cal Per	nit informatio	ח		
	Description of Work	on Float	<u>luentia</u>	l Servic	e Size: <u>200</u>	Amps =	Pole: yes/no	
	Stancil - Ow Electrical Contracto	or's Company N	ICal, Ir	īc.	919-6	39-2073		
	466 Stan	cil Rd.,	Anaia	NO O	Telephone	, ––		_
	Address		myre,	NC Z	7501	 .	13075-L	_
	- Dan	1	اكرنسا				License #	
	Signature of Offices	(s) of Corporati	on	-			•	
	Description of the	D- 1-	Mechani	cal Per	mit informatio	מפ		
	Description of Work		ntial					
	JC's Heating Mechanical Contract	or's Compone	Na	_	_ 9	19-552-6	5258	
	1589 Wade S	Stanhanar	Name					_
	15/19 Wade S	rephensor	<u> </u>	011 <i>y</i>	Springs,	<u>vc</u> :	12655-н3	}
	_ 1/ 1/hw	100					License #	-
	Signature of Officer(s	s) of Corporatio	on	=				
	\smile		<u>Plumbin</u>	<u>a Perm</u>	t Information			
	Description of Work		tlal			_# Baths_		
	Barnes Plum	bing, Inc	<u>. </u>		91	9-639-0	025	_
	Plumbing Contractor	s Company Na	me		Telept	lone	933	_
	PO Box 1207 Address	, Angier,	NC 2750	1		P1773	5	
	3- R						License #	
į	Signature of Officer(s)	of Corporation						
Insulation Permit Information								
Insulating, Inc., 1212 Home Ct., Raleigh, NC 919-772-9000 Insulation Contractor's Company Name & Address								
	manation Contractor's	Company Nar	ne & Address	;	276	O3 TAI	- / /2-9000 ephone	,
					0		-P. O. 10	

Application #					
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					
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.					
Signalure of Owner/Contractor/Officer(s) of Corporation Date					
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:					
X General ContractorOwnerOfficer/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.					
$\frac{X}{C}$ 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 working: William 3-a6-09					

Page 2 of 2

9/07

Plan Box Number AA-6

Required Inspections for SFA/SFD

Appl. # 0850019879 Valuation # 99,666 Sq. Feet 1534

Sequence

10	Dépit
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
20	K* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
	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
10	The 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	
50	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
	oberation Letilit