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 # 08 500 19882 P

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 Builders Inc Date: 3/26/09 Site Address: 55 Phone:919-639-2073 Directions to job site from Lillington: 401towards Fayetteville, Turn Right Hwy27, turn Left on Tingen Rd. Subdivision on Left Subdivision: Pattons Point Lot: Description of Proposed Work: Residential Home #Bedrooms: 3 Heated SF 180 Unheated SF 529 Finished Rec Room? Crawl Space (Slab () General Contractor Information Stancil Builders. 919-639-2073 **Building Contractor's Company Name** Telephone 466 Stancil Rd., Angier, NC 27501 034533 License # Must sign & fill out second page Agnature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Description of Work New Residential Service Size: 200 _Amps TPole: yes/no Stancil-Owen Electrical 919-639-2073 Electrical Contractor's Company Name Telephone 466 Stancil Rd., Angier NC 27501 13075-L Addres License # Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work Residential JC's Heating & Air 919-552-6258 Mechanical Contractor's Company Name Telephone 1589\Wade Stephenson Rd. 用olly Springs,NC: 12655-H3 Address License # Signature of Office (s) of Corporation **Plumbing Permit Information** Description of Work Residential _# Baths_ Barnes Plumbing, Inc. 919-639-0935 Plumbing Contractor's Company Name Telephone PO Box 1207, Angier, NC 27501 P17735 Address License # Signature of Officer(s) of Corporation

Insulating, Inc., 1212 Home Ct., Raleigh, NC 919-772-9000 Insulation Contractor's Company Name & Address Telephone 27603

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 E Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon	xemption. on 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 manage construction of project?	the no	
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 done?	be	
5. Do you intend to personally occupy the building for at least 12 consecutive months follow 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?	wing	
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 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 set forth in the permit:	the work	
X Has three (3) or more employees and has obtained workers' compensation insurance to cover	er them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to them.	cover	
X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation in covering themselves.	surance	
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 Permitti Department issuing the permit may require certificates of coverage of worker's compensation insurate issuance of the permit and at any time during the permitted work from any person, firm or corporate carrying out the work.	ance prior	
Company or Name: Stancil Byilders, Int.		
Sign with Presidentate:		
Page 2 of 2	9/07	

Plan Box Number AA-6

Job Name PATTONS POINT"

Date: 3 - 30 - 09

Required Inspections for SFA/SFD

Appl. # 68500 19882 Valuation 1569 Sq. Feet 98,042

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	P Pide Cleb To
3 0-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
40	Four Trade Rough In
10	Four Trade Rough In> 2500
40	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
50	One Trade Rough In > 2500
60	K* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
	Operations remit