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	19	288	
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name & phone must match information on license.	ett County Central Permitting					
Phone 910-89	OU Box 65 Lillington, NC 27546 3-7525 Fax 910-893-2793 www.harnett.org					
Application for Residential Building and Trades Permit Owner's Name: Stancil Builders Inc						
Directions to job airs to a starter Dr.	Phone:919-639-2073					
bliedions to job site from Lillington: 401towards Favetteville Turn Bight						
HWY27, turn Left on Tinger	n Rd. Subdivision on Left					
0.4.6.1						
Subdivision: Pattons Point	Lot: <u>1</u> 94					
Description of Proposed Work: Resider	ntial Home					
General St 5 45	Finished Rec Room?/_ Crawl Space (+) Slab ()					
Stancil Builders, Inc. Building Contractor's Company Name	919 620 2072					
	l elephone					
Address						
Judgu of May	License #					
Signature of Owner/Contractor/Officer(s) of C						
Description of Work New Residential Service Size: 200						
Stancil-Owen Electrical, I	<u>nc.</u> 919-639-2072					
And Andreas Company Name	Telephone					
Address Stancil Rd., Angiey,	NC 2750113075-L					
Emph A	License #					
Signature of Officer(s) of Corporation						
Mechai	nical Permit Information					
Description of Work <u>Residential</u>						
JC's Heating & Air	919-552-6258					
Mechanical Contractor's Company Name						
15/19 Wade Stephenson Rd.,	Holly Springs, NC 12655-H3					
10 my 1 and I	License #					
Signature of Office (s) of Corporation	≒					
Plumbing Permit Information						
bescription of Work Residential						
Barnes Plumbing, Inc.	# Baths 919-639-0935					
Plumbing Contractor's Company Name						
PO Box 1207, Angier, NC 275	P17735					
2 - R	License #					
Signature of Officer(s) of Corporation						
Insulation Permit Information						
IDSUlating Ing .c.s						
Insulation Contractor's Company Name & Addre	ss 27603 Telephone					
	27003 releptione					

Homeowners Applying to Build Thei Please answer the following questions then see a Permit Technician to determine if y Questionnaire per G.S. 87-14 Regulations as to Issue of Buildin	ou qualify for permit under Owners Exemption.				
1. Do you own the land on which this building will be constructed	d? yes no				
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no					
3. Do you intend to directly control & supervise construction acti	vities? yes no				
4. Do you intend to schedule, contract, or directly pay for all pha done?	ses of construction work to be yes no				
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.					
32.51	701				
Signature & Owner/Contractor/Officer(s) of Corporation Date	•				
Affidavit for Worker's Compensation in The undersigned applicant being the:	N.C.G.S. 87-14				
The undersigned applicant being the:	t of the Contractor or Owner				
The undersigned applicant being the: X General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s)	t of the Contractor or Owner or corporation(s) performing the work				
The undersigned applicant being the: X General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:	t of the Contractor or Owner or corporation(s) performing the work mpensation insurance to cover them				
The undersigned applicant being the: X General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: X Has three (3) or more employees and has obtained workers' column. Has one (1) or more subcontractors(s) and has obtained worker	t of the Contractor or Owner or corporation(s) performing the work mpensation insurance to cover them s' compensation insurance to cover				
The undersigned applicant being the: X General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: X Has three (3) or more employees and has obtained workers' contained them. Has one (1) or more subcontractors(s) and has obtained workers them. X Has one (1) or more subcontractors(s) who has their own policy	t of the Contractor or Owner or corporation(s) performing the work mpensation insurance to cover them s' compensation insurance to cover				
The undersigned applicant being the: X General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: X Has three (3) or more employees and has obtained workers' coldinated them. Has one (1) or more subcontractors(s) and has obtained workers them. X Has one (1) or more subcontractors(s) who has their own policy 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 unders Department issuing the permit may require certificates of coverage of to issuance of the permit and at any time during the permitted work from carrying out the work.	t of the Contractor or Owner or corporation(s) performing the work mpensation insurance to cover them. s' compensation insurance to cover of workers' compensation insurance				
The undersigned applicant being the: X General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: X Has three (3) or more employees and has obtained workers' contained. Has one (1) or more subcontractors(s) and has obtained worker them. X Has one (1) or more subcontractors(s) who has their own policy 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 unders Department issuing the permit may require certificates of coverage of to issuance of the permit and at any time during the permitted work from	t of the Contractor or Owner or corporation(s) performing the work mpensation insurance to cover them. s' compensation insurance to cover of workers' compensation insurance				
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The undersigned applicant being the: X General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: X Has three (3) or more employees and has obtained workers' continued. Has one (1) or more subcontractors(s) and has obtained worker them. X Has one (1) or more subcontractors(s) who has their own policy 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 unders Department issuing the permit may require certificates of coverage of to issuance of the permit and at any time during the permitted work from carrying out the work. Company or Name: Stancil Builders, Inc.	t of the Contractor or Owner or corporation(s) performing the work impensation insurance to cover them. Is compensation insurance to cover of workers' compensation insurance tood that the Central Permitting worker's compensation insurance prior m any person, firm or corporation				

Plan Box Number AA-6

Job Name PATTION'S POINT

Date: 6 - 17 - 69

Required Inspections for SFA/SFD

Appl. # 08500 19885 Valuation # 94,208 Sq. Feet 1450

Sequence	•
10 10-30 20 20 30-999 30-999 30-999 30-999	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500 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