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



Application # 09-50021561

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

	Application for Resider	ntial Building and Trades	g Permit	
	THE HELL HOLD		1	
_	F	<b>_</b> .	8-10-09	
	Directions to job site from Lillington: Hoy 421	Phone:	<i>i</i>	
.es	00 (01) US HOUSE	towards Sanfor	d Tiesa 1-CI	
AUG 1 3	on old us 421 Subdivision	on left.	TWIR LEFF	
99				
<b>=</b>	Subdivision: 1 Ross McRae Brae			
	Description of Proposed Work: New Residents Heated SF 2126 Unheated SF 922 Finished	Lot:	14	
	Heated ST 2126	1 Home #Ba	trooms: 3	
	1 11115/16	10 HAC Waama 17.		
	General Con	tractor Information	Crawl Space () Slab (	
	Stancil Builders, Inc. Building Contractor's Company Name			
			7.3	
	466 84	relebitotie		
	Addless Angi	er, NC 27501	034533	
_	Juddie O May		License #	
	Signature of Owner/Contractor/Officer(s) of Corporati	Must sign & fill out secon	d page	
	Description of M. Electrical De	ermit Information		
	Description of Work New Residential Services Stancil-Owen Electrical, Inc.	/ice Size: 200		
	Stancil-Owen Electrical, Inc. Electrical Contractor's Company Name	200_Amps	Pole yes no	
	Electrical Contractor's Company Name	$\frac{919-639-207}{}$	3	
	466 Stancil Pd	1 elebuoue		
	Address , Angley, NC	2/501	_13075-L	
	to and A		License #	
	Signature of Office (s) of Corporation			
	Mechanical Da	ermit Information		
	Residential	armt information		
	JC's Heating & Air	:		
	Wechanical Contractor's Company Non-	919-552-	6258	
	1589 Wade Stephenson Rd., Holly	Telephone	0230	
7	Address Address Rd., Molly	Springs, NC	12655	
	1. Com 1			
3	Signature of Office (s) of Corporation		License #	
	of Circles of Corporation		•	
Description of Work Residential				
_	The state of the s	· · · · · · · · · · · · · · · · · · ·	•	
ā	Barnes Plumbing, Inc.	# Baths_	d	
Г	Similar Company Name	919-639-	0935	
	FU BOX 1207, Angler, NC 27501	Telephone		
A	ddress	P177	35	
	Day Same		License #	
Si	gnature of Officer(s) of Corporation			
		ta te		
Insulation Permit Information  Insulating, Inc., 1212 Home Ct., Raleigh, NC 919-772-9000  Insulation Contractor's Company Name & Address				
Ins	sulation Contractor's Company Name & Address	Raleigh NC 910	1-772 0000	
	Address	27603 T	elephone	
		=,000	-iehiinii <del>a</del>	

	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 Own  Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available)	ers Exemption. e upon request)		
1	. Do you own the land on which this building will be constructed? yes n	0		
2 p	Have you hired or intend to hire an individual to superintend and manage construction yes			
3	. Do you intend to directly control & supervise construction activities? yes r	10		
4 d	Do you intend to schedule, contract, or directly pay for all phases of construction working?			
C	Do you intend to personally occupy the building for at least 12 consecutive months for ompletion of construction and do you understand that if you do not do so, it creates the resumption under law that you fraudulently secured the permit?	ollowing		
	yesr	10		
a V c n cl	dereby certify that I have the authority to make necessary application, that the application is correct definition that the construction will conform to the regulations in the Building, Electrical, Plumbing and echanical codes, and the Harnett County Zoning Ordinance. I state the information on the above intractors is correct as known to me and if any changes occur including listed contractors, site plan, imber of bedrooms, building and trade plans, Environmental Health permit changes or proposed use anges, I certify it is my responsibility to notify the Harnett County Central Permitting Department of y and all changes.			
	8 12.09			
Š	ignature of Owner/Contractor/Officer(s) of Corporation Date	_		
	Affidavit for Worker's Compensation N.C.G.S. 87-14 he undersigned applicant being the:			
_	X General Contractor Owner Officer/Agent of the Contractor or Own	er		
D	o hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) perform et forth in the permit:	ing the work		
] _2	X Has three (3) or more employees and has obtained workers' compensation insurance to o	over them.		
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance them.				
X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation covering themselves.				
-	Has no more than two (2) employees and no subcontractors.			
to	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.			
С	ompany or Name: 1 Stancil Byilders, In.			
Si	ign wifite:   Presidentate: 8-10-01	<del>-</del>		
	Page 2 of 2	9/07		
	,	*#/L 1 /		

Plan Box Number HACe

Job Name Rock Mac Brae

Date: 8-13-87

## Required Inspections for SFA/SFD

Appl. # 05-500 21 56/ Valuation 175358 Sq. Feet 2699

## 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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