SCANNED

* 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 # 09-5002/749

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Owner's Name: Stancil Buildors Inc.	
Owner's Name: Stancil Builders Inc	Date: <u>8-10-09</u>
Site Address: 37 Jump master DC.	Phone:919-639-2073
Directions to job site from Lillington: 401towards	<u>Fayetteville, Turn Righ</u>
Hwy27, turn Left on Tingen Rd. Sub	division on Left
Subdivision: Pattons Point	Lot: <u>178</u>
Description of Proposed Work: Residential Home	#Bedrooms: 3
Heated SF 1196 Unheated SF 4/3 Finished Rec Ro General Contractor In	oom? N Crawl Space
Stancil Builders, Inc	
Building Contractor's Company Name Tele	phone
466 Stancil Rd., Angier, N	C 27501 034533
Addless	License #
gnature of Owner Contractor/Officer(s) of Corporation Must	sign & fill out second page
Flactrical Dormit Inte	ormation
Description of Work New Residential Service Size	: _200 Amps TPole:/ves/no
Stancil-Owen Electrical, Inc.	919-639-2073
electrical Contractor's Company Name Telep	phone
466 Stancil Rd., Angier, NC 27501	13075-L
Address	License #
Signature of Officer(s) of Corporation	
Mechanical Permit Inf	Ormation
Description of Work <u>Residential</u>	<u>Ormation</u>
JC's Heating & Air	010 553 6350
Mechanical Contractor's Company Name	919-552-6258 Telephone
1589 Wade Stephenson Rd. Alolly Spri	ings NC 12655 H2
ddress	License #
I my land	2.3030 #
ignature of Officer(s) of Corporation	en e
Plumbing Permit Info	rmation
escription of Work Residential	# Baths <i>Q</i>
Barnes Plumbing, Inc.	919-639-0935
lumbing Contractor's Company Name	Telephone
PO Box 1207, Angier, NC 27501	P17735
2 B	License #
ignature of Officer(s) of Corporation	
Insulation Permit Infor	mation
Insulating, Inc. 1212 Home Ct Pa	
sulation Contractor's Company Name & Address	27603 Telephone
	~ 1000 i diahinila

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
2. Have you hired or intend to hire an individual to superintend and manage construction of theyes 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 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 <u>any</u> 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.
any and all changes. 8-17-09 Date
Signature of Ownef/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 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.
X 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, Int.
Sign wortifie: Presidentate:
Page 2 of 2 9/07

Survei 1

Plan Box Number AA C

Job Name Patton's Pt.

Date: 8-13-09

Required Inspections for SFA/SFD

Appl. # 0 5, 500 21749 Valuation #99666 Sq. Feet 1534

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
	Zivii. Operations i cillit