· 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 # 09-50021953

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: 8-12-09 Site Address: 94 Jumpmaster Dr. Phone: 919-639-2073 Directions to job site from Lillington: 401towards Fayetteville, Turn Right Hwy27, turn Left on Tingen Rd. Subdivision on Left Pattons Point Subdivision: 190 Lot: SEP 0 8 ENTO Description of Proposed Work: Residential Home #Bedrooms: Heated SF 1500 Unheated SF 616 Finished Rec Room? No 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 Signature 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, Inc. 919-639-2073 Electrical Contractor's Company Name Telephone NC 27501 Angier 13075-L Address 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 Wade Stephenson Rd., Molly Springs, NC 12655-н3 Address License # Signature of Office (s) of Corporation **Plumbing Permit Information** Residential Description of Work # 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 **Insulation Permit Information**

Insulating, Inc., 1212 Home Ct., Raleigh, NC 919-772-9000

Insulation Contractor's Company Name & Address

Telephone

27603

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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 Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available up	Exemption. pon request)
1. Do you own the land on which this building will be constructed? yes no	
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 done?	
5. Do you intend to personally occupy the building for at least 12 consecutive months foll 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?	
I hereby certify that I have the authority to make necessary application, that the application is content and that the construction will conform to the regulations in the Building, Electrical, Plumbing Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the a contractors is correct as known to me and if any changes occur including listed contractors, site number of bedrooms, building and trade plans, Environmental Health permit changes or proposed changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department any and all changes.	bove plan, d use
Signature of @wner/Contractor/Officer(s) of Corporation Date	-
Signature of Emiliary and the second	
1 0 0 0 0 0 0 0 1 1 A	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
The undersigned applicant being the:	
The undersigned applicant being the:	
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: X Has three (3) or more employees and has obtained workers' compensation insurance to compensation.	ng the work
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: X Has three (3) or more employees and has obtained workers' compensation insurance to compensation insurance to compensation. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance them.	ng the work over them. e to cover
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Plan Box Number AA-6

Job Name STANCIL BLOG.

Date: 8-13-09

Required Inspections for SFA/SFD

Appl. # 09500 21753 Valuation 126, 826 Sq. Feet 1952

Sequence

1	
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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