* 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 # 09-50021 254

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: <u>8 - 10 - 0</u>	
Site Address: 24 Jumpmaster Dr	Phone:919-639-207	3
Directions to job site from Lillington: 401towards		
Hwy27, turn Left on Tingen Rd. St		
Subdivision: Pattons Point	Lot: <u>/9 /</u>	
Description of Proposed Work: Residential Hom		
Heated SF 1142 Unheated SF 308 Finished Rec		
General Contracto	r Information	pace) Sia
Stancil Builders, Inc. Building Contractor's Company Name	919-639-2073	
Address / 466 Stancil Rd., Angier,	NC 27501 0345	33
h. W. ACIDA	Licens	se #
Signature of Owner/Conficer(s) of Corporation	ust sign & fill out second page	
/ Electrical Permit i	nformation	
Description of Work <u>New Residential</u> Service S	ize: 200 Amps TPole:(Ve	s Yno
Stancil-Owen Electrical, Inc.	919-639-2073	
Tiedifical Contractor's Company Name	elephone	
466 Stancil Rd., Angier, NC 2750	1307	5-L
Address	Licens	se #
Signature 1 Office 1		
Signature of Office (s) of Corporation Mechanical Permit	Information	
Description of Work Residential	- Internation	
JC's Heating & Air	010 552 6250	
Mechanical Contractor's Company Name	919-552-6258 Telephone	
1589 Wade Stephenson Rd., Molly Sp	orings,NC: 12655	ร_นว
Address	Licens	
1/1/my / part	2.0011	30 W
Signature of Officer(s) of Corporation		
Plumbing Permit I	<u>nformation</u>	
Description of Work Residential	# Baths 2	
Barnes Plumbing, Inc.	919-639-0935	
Plumbing Contractor's Company Name	Telephone	
PO Box 1207, Angier, NC 27501	P17735	
Address	Licens	se #
- Como		
Signature of Officer(s) of Corporation Insulation Permit In	Mormation	
Insulating, Inc., 1212 Home Ct., Insulation Contractor's Company Name & Address		9000
Madi Ga	27603 Telephone	•

Homeowners Applying to Build Their Own Home Please answer the following questions here see a Fement Technican to betermine it you guilty for permit under Owners Exemption. Juestionnaire per G.S. 87-14 Regulations as to Issue of Building Permits' (Memo available upon request) Do you own the land-so which this building will be constructed?			
Have you hired or intend to hire an individual to superintend and manage construction of the origic? Do you intend to directly control & supervise construction activities?	Homeowners Please answer the following questions then see Questionnaire per G.S. 87-14 Regula	Applying to Build Their Own a Permit Technician to determine if you qualify ations as to Issue of Building Perm	Home y for permit under Owners Exemption. nits (Memo available upon request)
Do you intend to directly control & supervise construction activities?	. Do you own the land on which this	building will be constructed?	yes no
Do you intend to schedule, contract or directly pay for all phases of construction work to be one? Do you intend to personally occupy the building for at least 12 consecutive months following 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? Lyes		n individual to superintend and ma	nage construction of the yes no
Do you intend to schedule, contract, or directly pay for all phases of construction work to be one? Do you intend to personally occupy the building for at least 12 consecutive months following 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? Lyes	. Do you intend to directly control &	supervise construction activities?	yes no
indicate the permit? Indicate the permit permit is correct mind 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 fechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above fechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above fechanical codes are contractors including listed contractors, sile plan, and the deformance of the contractors and the permit changes or proposed use thanges. I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes. Indicate the permit tile is my responsibility to notify the Harnett County Central Permitting Department of any and all changes. Indicate the permit tile is my responsibility to notify the Harnett County Central Permitting Department of Department (Section 1) or More than the permit tile of Department (Section 1) or more subcontractors(Section 2) and has obtained workers' compensation insurance to cover them. Indicate the permit tile of Department (Section 2) or 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 price of the permit and at any time during the permit way require certificates of coverage of worker's compensation insurance price of the permit and at any time during the permit dwork from any person, firm or corporation carrying out the work.	. Do you intend to schedule, contra	ct, of directly pay for all phases of	construction work to be
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 thanges, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes. Signature of Ewner/Contractor/Officer(s) of Corporation 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. Last the contractor of the permit may require certificates of coverage of workers' compensation insurance price to issuance of the permit and at any time during the permit down any person, firm or corporation carrying out the work. Company or Name: Sanci Builders, Ipp. Signature: Signature: Presidentale:	Intion of construction and do vo	sii lingerstand mat ii yoo do not do	, 50, 11 0.00.00
while construction will contorn to the equilibrium to the parent country Zoning Ordinance. I state the information on the above dechanical codes, and the Harnett Country Zoning Ordinance. I state the information on the above dechanical codes, and the Harnett Country Zoning Ordinance. I state the information on the above dechanical codes, and the Harnett Country Zoning Ordinance. I state the information on the above dechanical codes, and the Harnett Country Zoning Ordinance. I state the information on the above dechanical codes, and the part of the part of the Zoning or proposed use shanges, I certify it is my responsibility to notify the Harnett Country Central Permitting Department of any and all changes. 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 price 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: Sign worlde: Presidentate: Presidentate: Presidentate: Presidentate:	TO SOME THE STATE OF THE STATE		yesno
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 price 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: Spancil Builders, Ipp. Sign white: Presidentate:	and that the construction will conform Mechanical codes, and the Harnett Co contractors is correct as known to me a number of bedrooms, building and trade changes, I certify it is my responsibility	unty Zoning Ordinance. I state the and if any changes occur including lise plans, Environmental Health permit to notify the Harnett County Central	information on the above sted contractors, site plan, changes or proposed use Permitting Department of
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 price 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 Builders, Ipp. Sign worther: Presidentale:	any and all changes.	8-19	2-08
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 price 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 Builders, Ipp. Sign worther: Presidentate:	of Organic Ontractor/Officer(s	s) of Corporation Date	
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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 price 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: Sign wortile: Presidentate:		Owner Officer/Agent of the	e Contractor or Owner
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Department issuing the permit may require certificates of coverage of worker 3 converges 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: Sign worme: Presidentate:			
Company or Name: Stancil Builders, Inc. Sign worde: Presidentate:	Department issuing the permit may red to issuance of the permit and at any tire		
Sign worde: Presidentate:	2000	1 Byilders, In.	
Page 2 of 2 9/07		President	tate:
/Page 2 of 2			
	/	Page 2 of 2	9/07
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Plan Box Number 12 19 6

Job Name Pattons Pt

Date: 8-13-07

Required Inspections for SFA/SFD

Appl. # 09-500 21754
Valuation 94208
Sq. Feet 1450

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