* 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 1 255

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>8-10-01</u>	
Site Address: 54 Jumpnester Dr		
Directions to job site from Lillington: 401towar		h.t
Hwy27, turn Left on Tingen Rd.		116
hwy27, turn hert on ringen ku.	Subdivision on Left	
Subdivision: Pattons Point	Lot: <u>192</u>	
Description of Proposed Work: Residential H		
Heated SF <u>1180</u> Unheated SF <u>719</u> Finished R General Contrac	lec Room? No Crawl Space 1	— Slab
Stancil Builders, Inc.		
Building Contractor's Company Name	919-639-2073 Telephone	
466 Stancil Rd., Angier		
Address	License #	
Juliu / Jan	Must sign & fill out second page	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Perm	it 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	
Agorese Agorese No. , Angley, NC 27		
AZDIESS AZZ	License #	
Signature of Officer(s) of Corporation		
Mechanical Pern	nit Information	
Description of Work <u>Residential</u>		
JC's Heating & Air	919-552-6258	
Mechanical Contractor's Company Name	Telephone	
1589 Wade Stephenson Rd., Molly	Springs,NC: 12655-H3	
Address	License #	
Signature of Office (s) of Corporation		
Plumbing Permi	it Information	
Description of Work Residential	# Baths	
Barnes Plumbing, Inc.	919-639-0935	
Plumbing Contractor's Company Name	Telephone	
PO Box 1207, Angier, NC 27501	P17735	
Address	License #	
Day Esmo		
Signature of Officer(s) of Corporation	• Information	
Insulating Inc. 1919 W		
Insulating, Inc., 1212 Home Ct Insulation Contractor's Company Name & Address		
F ==== 0	27603 Telephone	

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 Ex Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upo	cemption. In request)
. Do you own the land on which this building will be constructed? yes no	
. Have you hired or intend to hire an individual to superintend and manage construction ofyes	the no
. Do you intend to directly control & supervise construction activities? yes no	
Do you intend to schedule, contract, or directly pay for all phases of construction work to one?	
Do you intend to personally occupy the building for at least 12 consecutive months follow completion 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?	wing
hereby certify that I have the authority to make necessary application, that the application is corrected that the construction will conform to the regulations in the Building, Electrical, Plumbing a Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the abcontractors is correct as known to me and if any changes occur including listed contractors, site plants of bedrooms, building and trade plans, Environmental Health permit changes or proposed that the proposed is the plants of t	ove an, use
8-17-09	
Signature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
X General ContractorOwnerOfficer/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:	g the work
X Has three (3) or more employees and has obtained workers' compensation insurance to cov	ver them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance them.	to cover
X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation in	nsurance
covering themselves.	
Covering themselves. Has no more than two (2) employees and no subcontractors.	
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 Permit Department issuing the permit may require certificates of coverage of worker's compensation insu to issuance of the permit and at any time during the permitted work from any person, firm or corporarying out the work.	tting rance prio tration
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Plan Box Number AA-L

Job Name PATTONS POINT

Date: 8-13-09

Required Inspections for SFA/SFD

Appl. # 09 500 21 75 5 Valuation 98, 043 Sq. Feet 1509

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