· 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 # 09-50021756

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

iicense.	PO Box 65 I	y Central Permittin	g	
Annliesti	910-893-7525 Fax	y Central Permittin illington, NC 27546 910-893-2793 www.ha	root	
Owner's Name: Stancil Bui	n for Residenti	910-893-2793 www.ha al Building and Ti	ades Permit	
Site Address: 36 Jumphaster Directions to job site from Lillington:	-Ur.	Phone:	919-639-2073	-
Directions to job site from Lillington:	101 towa	rds Fayette	ville, Turn Rig	ht
	ingen ku.	Subdivisio	n on Left	-
Subdivision: Pattons Poi	nt			•
Description of Proposed Work: Res	idonti.		Lot: <u>193</u>	•
Heated SF 1186 Unheated SF	Ca -	Home	_#Bedrooms: 3	
- Similaried SP	General Control	Rec Room? N.	Crawl Space (1)	Clab ()
Stancil Dute	Estivial Collins	ctor Information	oram opace ()	Siao ()
valor s Company Name		919-639 Telephone	-2073	
Addess 466 Stancil R	d., Angie	r NC 33501		
August 1	1	1 NC 2/501		
Signature of Owners Sand		Must stan e au	License #	
Signature of Owner/Contractor/Officer(s) of Corporation	Must sign & fill out	second page	
Description of Work New Reside Stancil-Owen Electrica	ntial Service	it Information		
Stancil-Owen Electrica Electrical Contractor's Company	1. Inc.	9 3120A	imps TPole: vesino	
Solit Solit Same		919-639- Telephone	2073	
Address Stancil Rd., Ang	iew NC 27	501	120	
	1		13075-L License #	
Signature of Officer(s) of Corporation	/		cicense #	
Description of Work Pag idea to the Pag idea t				
Residentia	1	iit iiitormation		
JC's Heating & Air		010		
Mechanical Contractor's Company Name		Telephan	552-6258	
Address Address	·/folly s	relephone Springs Mo:		
Tom.	V	PT THIS THE		
Signature of Officer(s) of Corporation			License #	
	umbine Desert			
Description of Work Residential	umbing Permit	Information		
Barnes Plumbing, Inc.			aths	
Company Name		919-6	39-0935	
PO Box 1207, Angier, NC	27501	Telephone	1770-	
2 2		<u> </u>	17735	
Signature of Officer(s) of Corporation			License #	
Insulation Permit Information				
Insulation Permit Information Insulating, Inc., 1212 Home Ct., Raleigh, NC 919-772-9000 Insulation Contractor's Company Name & Address 276.03				
Insulation Contractor's Company Name & A	ddress	Kaleigh, NC	919-772-9000	
	-	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 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?
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?
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?
yesno
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 any 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.
Signature of Gwner/Contractor/Officer(s) of Corporation Q)_Q-09 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.
$\frac{X}{\text{covering themselves}}$.
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 Builders, Inf.
Sign worthe: Presidentate: 6-16-09
Page 2 of 2 9/07

Plan Box Number AA-6

Job Name PATTON'S POINT

Date: 6-17-09

Required Inspections for SFA/SFD

Appl. # 0950021756 Valuation 98,042 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