' 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

bohind

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: Hngelica Date: 7-209 Site Address: 5961 Phone: 919- 230- 0413 Directions to job site from Lillington: North Light Rd Subdivision: Lot: Description of Proposed Work: New SFD _#Bedrooms:_ Heated SF 1539 Unheated SF 1385 Finished Rec Room? Crawl Space (-) Slab () General Contractor Information Stancil Builders. **Building Contractor's Company Name** 919-639-2073 Telephone Stangil Rd., Angier, NC 27501 Address 034533 License # gnature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page **Electrical Permit Information** Description of Work <u>New Residential Service Size: 200</u> Amps TPole yes/no Stancil-Owen Electrical Electrical Contractor's Company Name <u>919-</u>639-2073 Telephone 466 Stancil Rd., Angiez NC 27501 Address 13075-L License # of Office (s) of Corporation Mechanical Permit Information Description of Work Residential JC's Heating & Air Mechanical Contractor's Company Name 919-552-6258 Telephone Wade Stephenson Rd., Molly Springs, NC Address 12655-н3 License # Signature of Office (s) of Corporation Plumbing Permit Information Description of Work Residential Barnes Plumbing, Inc. # Baths_ Plumbing Contractor's Company Name 919-639-0935 PO Box 1207, Angier, NC 27501 Telephone Address P17735 License # Signature of Officer(s) of Corporation Insulation Permit Information Insulating, Inc., 1212 Home Ct., Raleigh, NC

Insulation Contractor's Company Name & Address

919-772-9000

Telephone

27603

Application #

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 Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo as	er Owners Exemption. valiable upon 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 const project? y	truction of the
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 constructio done?yes	
5. Do you intend to personally occupy the building for at least 12 consecutive more completion of construction and do you understand that if you do not do so, it create presumption under law that you fraudulently secured the permit?	es the
yes	no
I hereby certify that I have the authority to make necessary application, that the application and that the construction will conform to the regulations in the Building, Electrical, Pl Mechanical codes, and the Harnett County Zoning Ordinance. I state the information of contractors is correct as known to me and if any changes occur including listed contractor number of bedrooms, building and trade plans, Environmental Health permit changes or pichanges, I certify it is my responsibility to notify the Harnett County Central Permitting Deany and all changes.	umbing and in the above rs, site plan, roposed use apartment of
Signature of Owner/Contractor/Officer(s) of Corporation 7- 7- 09 Date	
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:	
	r Owner
The undersigned applicant being the:	
The undersigned applicant being the: X General Contractor Owner Officer/Agent of the Contractor of Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) per	erforming the work
The undersigned applicant being the: X General Contractor Owner Officer/Agent of the Contractor of Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) perset forth in the permit:	erforming the work
The undersigned applicant being the: X General Contractor Owner Officer/Agent of the Contractor of Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) perset forth in the permit: X Has three (3) or more employees and has obtained workers' compensation insurance. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance.	erforming the work ce to cover them. surance to cover
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Crawl

Plan Box Number PA-6

Job Name Stancil

Date: 7-8-08

Required Inspections for SFA/SFD

Appl. # 09-300 22419
Valuation 4+48330 /58,851
Sq. Feet 2283
2445

Sequence

10	
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R. Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb, Under Sleb
40	Four Trade Rough In
10	Four Trade Pourt
40	Four Trade Rough In> 2500
40	Three Trade Post
40	Three Trade Rough In> 2500 Two Trade Rough In
40	Two Trade Rough In
40	Two Trade Rough In> 2500
50	One Trade Rough In > 2500
60	MANUAL COMPANY
60	Four Trade Final
60	Four Trade Final > 2500
60	intee frade Finet
60	Three Trade Finel > 2500
60	two trade Final
60	Two Trade Final > 2500
60	One Trade Final
299	One Trade Final > 2500
	Envir Operation 7
	Envir. Operations Permit