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-	500	هٔ ٥	22	2	,	2	
-------------	----	-----	-----	------	----	---	---	---	--

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

SPPIICATION TO REGIME	Pax 910-893-2793 www.harnett.org
July Dulyer Inc	D-1 11 00 10
Site Address: 130 Jumpheste Or	Dhana
The property of the control of the c	
Hoy 21 let on Trages R	Sums tayother le fight on
Di lioga K	a sub as left.
Subdivision: Patton's Paint Place II	
Description of Proposative	Lot: 188
Description of Proposed Work: New SFD	#Bedrooms: 3
General Co	ntractor Information Crawl Space ( Slab
Stancil Builders, Inc. Building Contractor's Company Name	919-639-2073
466 Stencil Rd And	relephone
Address Address And	
sudder of Alas	License #
Signature of Owner/Contractor/Officer(s) of Corpor	<sup>1</sup> Must sign & fill out second page ation
Description of Work New Residential Se	arvice Size: 200 Amps TPole: (yes)no
Stancil-Owen Electrical, Inc. Electrical Contractor's Company Name	919-639-2073
466 Stancil Rd., Angier, NC	Telephone
Address NC	
transford.	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	
1589 Wade Stephenson Rd., 701.	ly Springs, NC 12655-H3
Many / It	License #
Signature of Officer(s) of Corporation	
	ermit 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
dry Como	License #
Signature of Officer(s) of Corporation	
Insulation Pe	rmit Information
Insulating The late	Ct.,Raleigh,NC 919-772-9000
nsulation Contractor's Company Name & Address	27603 Telephone

	Application #
Please answer the following questions then see a Permit Techni	to Build Their Own Home clan to determine if you qualify for permit under Owners Exemption. ssue of Building Permits (Memo available upon request)
1. Do you own the land on which this building wil	be constructed? yes no
2. Have you hired or intend to hire an individual to project?	o superintend and manage construction of the yes no
3. Do you intend to directly control & supervise of	onstruction activities? yes no
4. Do you intend to schedule, contract, or directly done?	pay for all phases of construction work to be yes no
5. Do you intend to personally occupy the buildir completion of construction and do you understan presumption under law that you fraudulently secu	d that if you do not do so, it creates the red the permit?
	yes no
I hereby certify that I have the authority to make nectand that the construction will conform to the regular Mechanical codes, and the Harnett County Zoning Contractors is correct as known to me and if any chanumber of bedrooms, building and trade plans, Environmental Country it is my responsibility to notify the Hany and all changes.	ations in the Building, Electrical, Plumbing and Drdinance. I state the information on the above high occur including listed contractors, site plan, inmental Health permit changes or proposed use
W M	9n Date
Signature of Owner/Contractor/Officer(s) of Corporation	n Date
Affidavit for Worker's Co	mpensation N.C.G.S. 87-14
X General ContractorOwner	Officer/Agent of the Contractor or Owner
	person(s), firm(s) or corporation(s) performing the work
X Has three (3) or more employees and has obta	ined workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has them.	s obtained workers' compensation insurance to cover
X Has one (1) or more subcontractors(s) who has covering themselves.	s their own policy of workers' compensation insurance
Has no more than two (2) employees and no s	ubcontractors.
While working on the project for which this permit is so Department issuing the permit may require certificate to issuance of the permit and at any time during the permying out the work.	of coverage of worker's compensation insurance prior
Company or Name: Stancil Byilder	s, Ipp.
Sign w/Fitte:	Presidentate: 4-27-10

Page 2 of 2

9/07