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 # 01-500 227/1

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

Owners Name: Stancil Builders Inc	Data: /A. /a.
Site Address: 135 Jumpnister Dr.	Date: 10-14-04
Directions to job site from Lillington: 401towar	
Hwy27, turn Left on Tingen Rd.	Subdivision on Lost
	progratule on reit
Subdivision: Pattons Point	
escription of Proposed Work: Residential H	Lot: 181
leated SF 1037 Unheated SF 435 Finished R General Contrac	#Bedrooms: 2
General Contrac	tor Information Crawl Space (c)
Stangil Duitage -	
a polymetric a combany Mame	Telephone
466 Stancil Rd., Angier	, NC 27501 034533
his the state of t	License #
gnature of Owner/Contractor/Officer(s) of Corporation	Must sign & fill out second page
	· .
- NESTUENCIAL SAVICA	Size: 200 A
etalicit-owell Erectical, Inc.	919-639-2072
466 Stancil Rd., Angle NC 27	<u> 13075-L</u>
	License #
nature of Offices(s) of Corporation	
Mechanical Perm	it Information
scription of Work Residential	<u>u inormation</u>
's Heating & Air	010 552 6050
chanical Contractor's Company Name	919-552-6258 Telephone
589 Wade Stephenson Rd., Folly S	
ress A. Holly s	prings, NC: 12655-H3 License #
Sture of Otto Vice Vice	F1001129 #
alure of Office (s) of Corporation	
Plumbing Permit Pription of Work Residential	<u>information</u>
arnes Plumbing, Inc.	# Baths
ibing Contractor's Company Name	919-639-0935
Box 1207, Angier, NC 27501	Telephone
ess (7501	P17735
Zan Zema	License #
alure of Officer(s) of Corporation	
Insulation Permit in	<u>iformation</u>
insulating the	Raleigh NC 919 772 0000
ation Contractor's Company Name & Address	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? yes no		
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no		
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 construction work to be done?yesno		
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? yes no		
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 Owner/Contractor/Officer(s) of Corporation 10-19-64 Date		
Signature of Owner/Contractor/Onicer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.\$. 87-14 The undersigned applicant being the:		
The undersigned applicant being the:		
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	:	
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:		
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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		
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 prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.		
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 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: Y Sancil Builders, Ipp.		
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Plan Box Number <u>C - 6</u>

STANCIL BUILDERS
Job Name PATTONS POINT

Date: 10-22-09

Required Inspections for SFA/SFD

Appl. # 6950022719Valuation #90, 765Sq. Feet 1397

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
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