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 22720

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: _//_ i/- o ?	
	Site Address: 155 Jumpmester Dr		
	Directions to job site from Lillington: 401towa		
	Hwy27, turn Left on Tingen Rd.		
	Subdivision: Pattons Point	Lot: <u>182</u>	
	Description of Proposed Work: Residential		
	Heated SF 1196 Unheated SF 4/3 Finished	Rec Room? W Crawl Space ( Slab	
	Stancil Builders, Inc. Building Contractor's Company Name	919-639-2073 Telephone	
	466 Stancil Rd., Angie	r, NC 27501 034533	
	Address	License #	
	Signature of Owner/Contractor/Officer(s) of Corporation	Must sign & fill out second page	
	/ Floatrical Dan	mala kangan ang ma	
	New Residential Service	e Size: 200 Amps TPole: vesino	
WA VO	Stancil-Owen Electrical, Inc. Electrical Contractor's Company Name	919-639-2073	
1.V.		Telephone	
	Address NC 2		
	English A	License #	
	Signature of Officer(s) of Corporation		
	Mechanical Per	mit Information	
	Description of Work Residential		
	JC's Heating & Air Mechanical Contractor's Company Name	919-552-6258	
	1549 Wade Stophoner DA	Telephone	
	1589 Wade Stephenson Rd., Holly	Springs, NC 12655-H3	
	Why I so It	License #	
	Signature of Office (s) of Corporation		
	Plumbing Pern	nit 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	
	Z Z	License #	
	Signature of Officer(s) of Corporation		
	Insulation Permit Information		
	Insulating, Inc. 1212 Ware Qu	Raleigh NC 919 772 0000	
	Insulation 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 it you quarry to Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo a	valiable application
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 constroject?	truction of the res 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 done?	on work to be
5. Do you intend to personally occupy the building for at least 12 consecutive mo completion of construction and do you understand that if you do not do so, it creat presumption under law that you fraudulently secured the permit?  yes	.65 110
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, F. Mechanical codes, and the Harnett County Zoning Ordinance. I state the information contractors is correct as known to me and if any changes occur including listed contract number of bedrooms, building and trade plans, Environmental Health permit changes or changes, I certify it is my responsibility to notify the Harnett County Central Permitting E any and all changes.	on the above ors, site plan, proposed use Department of
11.16.01	·····
Signature of Owner/Contractor/Officer(s) of Corporation    1/-/6 - c 1   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) set forth in the permit:	performing the work
X Has three (3) or more employees and has obtained workers' compensation insura	nce to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation in them.	nsurance to cover
$\frac{X}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' components	ensation insurance
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 Cent Department issuing the permit may require certificates of coverage of worker's compens to issuance of the permit and at any time during the permitted work from any person, firm carrying out the work.	ation insurance prior
Company or Name: Stancil Builders, Int.	· · · · · · · · · · · · · · · · · · ·
Sign worth Presidentate: //~//	<u></u>
Page 2 of 2	9/07

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Plan Box Number ARG

Job Name Stancil

Date: 11-17-09

## Required Inspections for SFA/SFD

Appl. # 09.50022720 Valuation 115129 Sq. Feet 1772

## 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
	operations i offilit