SCANNED

VIZO 10

DATE

ADD

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 # 10-500- 24101

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

Application for Residential By			
Owner's Name: Stancil Builders, M	.		
Site Address: 560 Cokesbury prack Ly	Date: 4/20/10	-	
Directions to job site from Lillington: US 421	Priorie: 637-2013	_	
	to christian Lightre		
Then turn onto cokesbury	groad, sud on Righ	1	
Subdivision: Cokesbury park HT		_	
Description of Proposed Works	Lot:	_	
Description of Proposed Work: Sincke, family Heated SF 1180	#Bedrooms: 3		
Office aled SF Finished Rec	Room? WA	 } Slab ()	
Stancil Builders, Inc.	:	, 5.45 ()	
Building Contractor's Company Name Te	919-639-2073 elephone		
466 Stancil Rd Angian			
Addless Angle!	NC 27501 034533 License #	•	
Strature of Owner Mu	ust sign & fill out second page		
/ Signature			
Description of Work New Residential Service Siz	olormation 78: 200 Amps That		
Stancil-Owen Electrical, Inc.	919-639-2073		
Telegraphical Contractor's Company Name	enhone		
Address Stancil Rd., Angier, NC 2750	1 13075-L		
	License #		
Signature of Officer(s) of Corporation			
Mechanical Permit Is	Oformation		
Description of Work <u>Residential</u>			
JC's Heating & Air	919-552-6258		
Mechanical Contractor's Company Name			
Address Wade Stephenson Rd., Holly Spr	rings,NC 12655-H3		
May 1	License #		
Signature of Officer(s) of Corporation	F 7		
Plumbing Permit Inf	iormatian		
Description of Work Residential			
Barnes Plumbing, Inc.	# Baths		
Plumoing Contractor's Company Name	919-639-0935 Telephone		
PO Box 1207, Angier, NC 27501 Address	P17735		
Address	License #		
Signature of Officer(s) of Corporation	Elocitae #		
Insulation Permit Information			
(DSN) ating T			
Insulation Contractor's Company Name & Address	aleigh, NC 919-772-9000		
	27603 Telephone		

Application #	<u> </u>
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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?		
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?		
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 onarges. I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes. 4-20-10 Signature of Owner/Contractor/Officer(s) of Corporation 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:		
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: Stancil Builders, Ind.		
Sign with Presidentate: 4- 20-10		
Page 2 of 2 9/07		

Plan Box Number AA-6

Job Name_COKESBURY 74

Date: __04-21-10

Required Inspections for SFA/SFD

Appl. # 10-50024101 Valuation 111,816 Sq. Feet 1721

Sequence

10	X	R* Bldg. Footing
10-30	X	R* Elec. Temp Service Pole
20	X	R* Building Foundation
20	X	Address Confirmation
30-999	Х	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		
40	X	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
		One Trade Rough In
40		One Trade Rough In > 2500
50	X	R* Insulation
60	X	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	X	Envir. Operations Permit
		Buth. Operations refmit