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 24313

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 Pe

Owner III	Dundring and Trades Permit
Owner's Name: Stancil Builders Inc	
Site Address: SS AScan (†	Phone:919-639-2073
Directions to job site from Lillington: 401 towar	
Hwy27, turn Left on Tingen Rd.	
Subdivision: Pattons Point	Lot: _156
Description of Proposed Work: Residential I	
Heated SF 1681 Unheated SF 433 Finished	Rec Room? Crawl Space ( ) Sial
Stancil Builders, Inc.	
Building Contractor's Company Name	919-639-2073 Telephone
466 Stancil Rd., Angie	r, NC 27501 034533
Address//	License #
Juddie of Mark	Must stan 0.60 .
Signature of Owner/Contractor/Officer(s) of Corporation	1
Description of Work New Residential Service	nit Information
Stancil-Owen Flectrical Inc	010 620 2072
Stancil-Owen Electrical, Inc. Electrical Contractor's Company Name	Telephone
466 Stancil Rd., Angier, NC 2	7501 13075-L
Address	License #
Energy (	2.001/30 #
Signature of Offices(s) of Corporation	
	mit Information
Description of Work Residential	
JC's Heating & Air	919-552-6258
Mechanical Contractor's Company Name	Telephone
Address Wade Stephenson Rd., Molly	Springs, NC: 12655-H3
Mary 1	License #
Signature of Officer(s) of Corporation	
Plumbing Pern	tit Information
Description of Work Residential	
Barnes Plumbing, Inc.	# Baths <u> </u>
Plumbing Contractor's Company Name	919-639-0935 Telephone
PO Box 1207, Angier, NC 27501	P17735
Address	License #
Day Ecus	Ficelize #
Signature of Officer(s) of Corporation	
Insulation Perm	
Insulating, Inc., 1212 Home Ct	,Raleigh,NC 919-772-9000
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 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)		
1. 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 beyes no		
5. Do you intend to personally occupy the building for at least 12 consecutive months foll 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  G 3 - 10  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	er	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:		
set forth in the permit:	ng the work	
set forth in the permit:  X Has three (3) or more employees and has obtained workers' compensation insurance to compensation.		
	over them.	
X Has three (3) or more employees and has obtained workers' compensation insurance to compensation insurance to compensation insurance.  Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance.	over them.	
Has three (3) or more employees and has obtained workers' compensation insurance to compensation insurance to compensation insurance them.      Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance them.      Has one (1) or more subcontractors(s) who has their own policy of workers' compensation.	over them.	
Has three (3) or more employees and has obtained workers' compensation insurance to continuous them.  Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance them.  X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation covering themselves.	over them.  to cover  insurance  itting  urance prior	
Has three (3) or more employees and has obtained workers' compensation insurance to continuous them.  Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance them.  X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation 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 Perm Department issuing the permit may require certificates of coverage of worker's compensation institution issuance of the permit and at any time during the permitted work from any person, firm or corp	over them.  to cover  insurance  itting  urance prior	
Has three (3) or more employees and has obtained workers' compensation insurance to continuous them.  Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance them.  X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation 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 Perm Department issuing the permit may require certificates of coverage of worker's compensation instead to issuance of the permit and at any time during the permitted work from any person, firm or corp carrying out the work.	over them.  to cover  insurance  itting urance prior	

Plan Box Number AA

Job Name <u>Pallon</u>

Date: <u>6-7-10</u>

Required Inspections for SFA/SFD

Appl. # 10-50024313 Valuation 90 765 Sq. Feet\_

## 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	ne Trade Final
60	One Trade Final > 2500
999	
	Envir. Operations Permit