* 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	24	314
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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:	6-7-10
Site Address: 75 Abran Ct	Phone:919-	639-2073
Directions to job site from Lillington: 401towar	ds Favettevill	e. Turn Right
Hwy27, turn Left on Tingen Rd.	Subdivision on	Left
Subdivision: Pattons Point	Lat	vc2
Description of Proposed Work: Residential H	ome #pad	roomai 3
Heated SF 1143 Unheated SF 608 Finished R	ec Room?	Crawl Space /TC
Spinite Contrac	<u>HODBITTORITOR</u>	
Stancil Builders, Inc. Building Contractor's Company Name	919-639-207	3
266 Character and Company Name	Felephone	
Address / 466 Stangil Rd., Angier	, NC 27501	034533
hilly of the		License #
	Must sign & fill out second	
Description of Work New Residential Service	it information	
Description of Work <u>New Residential Service</u>	Size: 200 Amps	TPole: Ves/no
<u> Judicii-Owen Electrical, Inc</u>	919-639-207	3
Electrical Contractor's Company Name	Telephone	
Address Stancil Rd., Angier, NC 27	501	13075-L
Abuless		License #
Signatura at Office Pall of Co		
Signature of Office (s) of Corporation Mechanical Perm	ala Imfanorea a	
Description of Work <u>Residential</u>	iit tiitormation	
JC's Heating & Air	010 550	
Mechanical Contractor's Company Name	919-552 Telephone	-6258
1589 Wade Stephenson Rd., Molly S	relephone	100==
Address	prings, NC	12655-H3
1/ 1/my / son		License #
Signature of Officer(s) of Corporation		
Plumbing Permit	<u> Information</u>	
Description of Work Residential	# Baths	3
Barnes Plumbing, Inc.	919-639-	
lumbing Contractor's Company Name	Telephone	
PO Box 1207, Angier, NC 27501	P177	735
ddress		License #
Jan Zeman		
ignature of Officer(s) of Corporation	les for any sort	
Insulating Inc. Inc. 1919	<u>intormation</u>	
Insulating, Inc., 1212 Home Ct. asulation Contractor's Company Name & Address	Raleigh, NC 91	9-772-9000
Fairy Hairle & 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 E Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available up	xemption. on 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 project?	f the no
3. Do you intend to directly control & supervise construction activities? yes no	ļ
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to done?yesno	o be
5. Do you intend to personally occupy the building for at least 12 consecutive months follo 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	wing
I hereby certify that I have the authority to make necessary application, that the application is contained that the construction will conform to the regulations in the Building, Electrical, Plumbing Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the abcontractors is correct as known to me and if any changes occur including listed contractors, site pnumber of bedrooms, building and trade plans, Environmental Health permit changes or proposed changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department any and all changes.	and ove lan, use
Signature of Owner/Contractor/Officer(s) of Corporation 1	
Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
The undersigned applicant being the: X General Contractor Owner Officer/Agent of the Contractor or Owner	
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	g 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 set forth in the permit:	g the work ver them.
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 set forth in the permit: X Has three (3) or more employees and has obtained workers' compensation insurance to could be confirmed to the	g the work ver them.
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 set forth in the permit: X Has three (3) or more employees and has obtained workers' compensation insurance to countered. 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 in	g the work ver them. to cover
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 set forth in the permit: X Has three (3) or more employees and has obtained workers' compensation insurance to conthem. 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 in 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 Permit Department issuing the permit may require certificates of coverage of worker's compensation insurance of the permit and at any time during the permitted work from any person, firm or corpor carrying out the work.	g the work ver them. lo cover insurance ting vance prior
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 set forth in the permit: X Has three (3) or more employees and has obtained workers' compensation insurance to contained. 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 in 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 Permit Department issuing the permit may require certificates of coverage of worker's compensation insurance to issuance of the permit and at any time during the permitted work from any person, firm or corporation in the permit and at any time during the permitted work from any person, firm or corporation in the permit and at any time during the permitted work from any person, firm or corporation in the permit and at any time during the permitted work from any person, firm or corporation in the permit and at any time during the permitted work from any person, firm or corporation in the permitted work from any person, firm or corporation in the permitted work from any person, firm or corporation in the permitted work from any person, firm or corporation in the permit in the permitted work from any person, firm or corporation in the permitted work from any person, firm or corporation in the permitted work from any person, firm or corporation in the permitted work from any person, firm or corporation in the permitted work from any person, firm or corporation in the permitted work from any person, firm or corporation in the permitted work from any person, firm or corporation in the permitted work from any person, firm or corporation in the permitted work from any person, firm or corporation in the permitted work from any person, fir	g the work ver them. lo cover insurance ting vance prior

Plan Box Number_	AA	12
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Job Name Stawcil

Date: 6 - 8 - 18

Required Inspections for SFA/SFD

Appl. # 10-50024314 Valuation 102-85 Sq. Feet 1582

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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