

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 # 1050024373

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27548  
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

**Application for Residential Building and Trades Permit**

Owner's Name: STANCIU BUILDERS, INC. Date: 1/14/11  
Site Address: 166 ABRAM CT. Phone: 919-639-2073  
Directions to job site from Lillington: Hwy 27 West - turn Left on TINGEN Rd - turn Right into PATTONS POINT

Subdivision: PATTONS POINT Lot: 166  
Description of Proposed Work: NEW CONST. #Bedrooms: \_\_\_\_\_  
Heated SF 1089 Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space (X) Slab ( )

**General Contractor Information**

Stanciu Builders, Inc. 919-639-2073  
Building Contractor's Company Name Telephone  
466 Stanciu Rd., Angier, NC 27501 034533  
Address License #

[Signature] Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation  
Description of Work New Residential Service Size: 200 Amps TPole: yes/no

**Electrical Permit Information**

Stanciu-Owen Electrical, Inc. 919-639-2073  
Electrical Contractor's Company Name Telephone  
466 Stanciu Rd., Angier, NC 27501 13075-L  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work Residential  
JC's Heating & Air 919-552-6258  
Mechanical Contractor's Company Name Telephone  
1589 Wade Stephenson Rd., Holly Springs, NC 12655-H3  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit 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  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Insulating, Inc., 1212 Home Ct., Raleigh, NC 919-772-9000  
Insulation Contractor's Company Name & Address Telephone  
27603

**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 be done?     yes     no
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]*  
Signature of Owner/Contractor/Officer(s) of Corporation

1/14/11  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

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:

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.

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, Inc.

Sign w/Title: *[Signature]* President Date: \_\_\_\_\_