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 -50 0 243/74

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

DATE.

Application for Residential E	iuliding and Trades Permit
Owner's Name: STANCIL POULDER, TN	Date: 1/26/10
Site Address: 146 ABRAM Ct.	Phone: 919-631-2073
Directions to job site from Lillington: How 27 M	100 - 10
	Cost - turn left
TINCEN Rd. PATTONS POINT	SUBD. ON LOT
DARKE D.	
Subdivision: PATTONS Point	Lot:Lot
Description of Proposed Work: New CONST.	#Bedrooms: 3
Heated SF 1500 Unheated SF Finished Re	
General Contract	c Room? Crawl Space () Slater Information
Stancil Builders Inc	919-639-2073
Building Contractor's Company Name	Telephone
466 Stancil Rd., Angier	NC 27501 034533
Address	License #
Sanature of Course of Course	Must sign & fill out second page
9 gradies of Owner Contractor/Onicer(s) of Corporation	L Randon and a second
Description of Work New Residential Service	Size: 200 Amps Tools
Stancil-Owen Electrical, Inc.	Olice: _200 Amps IPole: yes/no
	919-639-2073 Telephone
466 Stancil Rd., Angley, NC 275	
Address	501 13075-L License #
Frank (Figure #
Signature of Office (s) of Corporation	
Mechanical Perm	It Information
Description of Work Residential	
JC's Heating & Air	919-552-6258
Mechanical Contractor's Company Name	Telephone
1589 Wade Stephenson Rd., Aolly S	Springs, NC 12655-H3
Address	License #
Significant Court No.	
Signature of Officer(s) of Corporation	
Description of Work Residential	Intermation
	# Baths
Barnes Plumbing, Inc. Plumbing Contractor's Company Name	919-639-0935
PO Box 1207 Anglow No 27501	Telephone
PO Box 1207, Angier, NC 27501 Address	P17735
2 R	License #
Signature of Officer(s) of Corporation	
Insulation Permit	Information
Insulating, Inc., 1212 Home Ct. Insulation Contractor's Company Name & Address	, Raleigh, NC 919-772-9000
Amino de Lidellaga	27603 Telephone

Application #	
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 Exemptic Questionnaire per G.S. 87-14 Regulations as to issue of Building Permits (Memo available upon requ	on. Jest)
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?)
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?	
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/Onicer(s) of Corporation	
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) performing the set forth in the permit:	work
X Has three (3) or more employees and has obtained workers' compensation insurance to cover the	∍m.
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to covithem.	er
X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insural covering themselves.	nce
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 to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	prior
Company or Name: Stancil Byilders, Int.	
Sign with Presidentate:	

Page 2 of 2

9/07

Plan Box Number AA 6

Job Name Pattons Pt

Date: 2-21-11

Required Inspections for SFA/SFD

Appl. # 10-50024374 Valuation 4/7 8513 Sq. Feet 1978

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