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 # 1050024501

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:	Date:	
Site Address:	Phone:	
Directions to job site from Lillington:		
Subdivision:	Lot	
peacribition of Probosed Mork:	#D.	adra
General Control	Rec Room?	Crawl Space () S
Stancil Builders, Inc. Building Contractor's Company Name	919-639-2(Telephone	073
Addess / 466 Stancil Rd., Angie	r, NC 27501	034533
hilly of The		License #
Gnature of Owner/Contractor/Officer(s) of Corporatio Electrical Per Description of Work New Residential Service Stancil-Owen Electrical Inc.	n mit Information ce Size: 200 Amn	se TDolo: voo/ne
Stancil-Owen Electrical, Inc. Electrical Contractor's Company Name	Telephone	7/3
466 Stancil Rd., Angier, NC 2	7501	_13075-L
		License #
Signature of Office (s) of Corporation		
Mechanical Performance Perform	rmit Information	
JC's Heating & Air	010.55	2 6072
Mechanical Contractor's Company Name	919-55 Telephone	
1589 Wade Stephenson Rd., Molly	Springs NC	12655 112
address M. Molly		License #
ignalure of Officer(s) of Corporation		
Plumbing Pern	nit Information	
escription of Work Residential	# Bati	hs
barnes Plumbing, Inc.	919-63	
lumbing Contractor's Company Name	Telephone	
PO Box 1207, Angier, NC 27501	P1	7735
Lan Rama		License #
ignature of Officer(s) of Corporation		
Insulation Perm	it Information	
Insulating Inc 1212 "	Raleigh NC	919-772-9000
sulation 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 requestion).	
	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, teertify 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 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 wor set forth in the permit:	K
	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.	
	$\frac{X}{\text{covering themselves}}$. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance	
	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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	·r
	Company or Name: Stancil Bylilders, Inc.	
	Sign withite: Presidentate:	
	Page 2 of 2 9/07	

Plan Box Number AA-14

Job Name Stand - Dattons

Date: 12 - 2 - 10

Required Inspections for SFA/SFD

Appl. # 10-5-2450/ Valuation \$90,765 Sq. Feet 1397

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	
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
50	One Trade Rough In > 2500
	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
	Potationo I offilit