* 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 24503

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: Stone Builders Date: 5- 28-16 Site Address: 176 Abour Phone: 414-634-2623 Directions to job site from Lillington: 401 Subdivision: Patter's Lot: 165 Description of Proposed Work: New #Bedrooms: Heated SF 1142 Unheated SF _ 740 Finished Rec Room? Crawl Space (+) Slab () General Contractor Information Stancil Builders. 919-639-2073 **Building Contractor's Company Name** Telephone 466 Stancil Rd., Angier, NC 27501 034533 License # Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Description of Work New Residential Service Size: 200 Amps TPole: Vestho Stancil-Owen Electrical, 919-639-2073 Electrical Contractor's Company Name Telephone 466 Stancil Rd. NC 27501 13075-L Address License # Signature of Offices(s) of Corporation **Mechanical Permit Information** Description of Work Residential JC's Heating & Air 919-552-6258 Mechanical Contractor's Company Name Telephone Wade Stephenson Rd., 何olly Springs,NC 12655-H3 Address License # Signature of Office (s) of Corporation Plumbing Permit Information Description of Work Residentia1 _# Baths Barnes Plumbing, Inc. 919-639-0935 Plumbing Contractor's Company Name Telephone PO Box 1207, Angier, NC 27501 P17735 Address License # 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 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) |
|---|
| 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? |
| 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 of Civiler Control |
| 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 work set forth in the permit: |
| 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 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: 1 Stancil Builders, Ipp. |
| Company of Walle |
| Sign worthe: Presidentiate: 5-28-10 |