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 # 1150026235

ermitting Exterect 3/10/11

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Owner's Name TOW To a large Name Town	ng and Trades P	ermit	
Deve lopers Tw	Date:	3-9-11	
Site Address:	_ '	-639-2013	
Directions to job site from Lillington: + 42 2	Phone:919	-629- A073	
TM 10	TOWA	MY KNIGEL	
ON RAILE DO TARNET	cernal	NM Left	
Subdivision: Hacken county	n Right		
The second polytre	Lot:	2	
Description of Proposed Work: Residuat Hor	me_ #Bedi	ooms: 3	
Heated SFUnheated SFFinished Rec Roc	m2 11/1		
General Contractor Inf	ormation	Crawl Space (Slab ()	
Stancil Builders, Inc. 9 Building Contractor's Company Name Telep	19-639-207	3	
Lelen	hone		
Address / 466 Stancil Rd., Angier, NC	27501	034533	
Audu of the		License #	
Agnature of Owner/Contractor/Officer(s) of Corporation Must s	lgn & fill out second	page	
		-	
TICH NESTUENCIAL Service Size	200 Amps	TPole: vec/ne	
Flectrical Contractor State 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19-639-2071	R	
Telent	none	<u> </u>	
Address Angier, NC 27501		_13075-L	
		License #	
Signature of Officer(s) of Corporation		,,	
Mechanical Permit Info			
Description of Work Residential	rmation		
JC's Heating & Air			
Mechanical Contractor's Company Name	919-552-	6258	
1589 Wade Stephenson Pd #211 2	Telephone		
Address Address	igs, NC	12655-Н3	
1 my 2		License #	
Signature of Office (s) of Corporation			
Plumbing Permit Information			
Description of Work Residential	# Baths_		
Barnes Plumbing, Inc.	919-639-	0035	
Plumbing Contractor's Company Name	Telephone	0933	
PO Box 1207, Angier, NC 27501	P177	35	
2 2	•	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			
Insulation Contractor's Company Name & Address	eigh,NC 919	9-772-9000	
. ,	27603 T	elephone	

Appl	lication #
Homeowners Applying to Build Their Please answer the following questions then see a Permit Technician to determine if you Questionnaire per G.S. 87-14 Regulations as to issue of Building	r Own Home pu quality for permit under Owners Exemption. g Permits (Memo available upon request)
1. Do you own the land on which this building will be constructed	d? yes no
2. Have you hired or intend to hire an individual to superintend a project?	and manage construction of the yes no
3. Do you intend to directly control & supervise construction acti	lvities? yes no
4. Do you intend to schedule, contract, or directly pay for all phadone?	ases of construction work to beyes no
5. Do you intend to personally occupy the building for at least 12 completion of construction and do you understand that if you do presumption under law that you fraudulently secured the permit?	not do so, it creates the
and that the construction will conform to the regulations in the Bu Mechanical codes, and the Harnett County Zoning Ordinance. I state contractors is correct as known to me and if any changes occur include number of bedrooms, building and trade plans, Environmental Health changes, it certify it is my responsibility to notify the Harnett County Cany and all changes. Signature of Owner/Contractor/Officer(s) of Corporation Date	te the information on the above ding listed contractors, site plan, permit changes or proposed use Central Permitting Department of 3-9-11
Affidavit for Worker's Compensation The undersigned applicant being the:	N.C.G.S. 87-14
X General Contractor Owner Officer/Agen	nt of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s set forth in the permit:	s) or corporation(s) performing the work
X Has three (3) or more employees and has obtained workers' co	ompensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained worke them.	ers' compensation insurance to cover
$\frac{X}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policity of themselves.	y 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 undersolved to issuance of the permit and at any time during the permitted work from carrying out the work.	worker's compensation insurance prior
Company or Name: Stancil Byildets, Int.	

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Page 2 of 2

Presidentate:_

Sign w/Fitte:__

9/07

3-9-11

Plan Box Number	6C Jol	Name_Stanci
Required Inspections	s for SFA/SFD App Val	te: $\frac{3/10/11}{10000000000000000000000000000000$
Sequence	54.	1001
10 10 10-30 20 20 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 40 50 60 60 60 60 60 60 60 60 60 60 60 60	R* Bldg. Footing R* Mono Slab R* Elec. Temp Service Foundation Survey R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Two Trade Final Two Trade Final Two Trade Final Two Trade Final	Slab Mono Crawl_ 2500 2500 2500 00 00 00 00