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.

SCANNED DATE

Application # 1150026277
mitting Extered 5/10/11

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: IOm Date: Site Address: Phone: Directions to job site from Lillington: Subdivision: Description of Proposed Work: #Bedrooms: Heated SF Unheated SF Finished Rec Room? NO Crawl Space ( Slab ( ) General Contractor Information Stancil Builders. 919-639-**Building Contractor's Company Name** Telephone 466 Stancil Rd., Angier, NC 27501 dddess 034533 License # Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page Electrical Permit Information Description of Work New Resi dential Service Size: 200 \_Amps TPole: yes/no Stancil-Owen Electrical, Inc. Electrical Contractor's Company Name 919-639-2073 Telephone 466 Stancil Rd., Angier NC 27501 Address 13075-L License # 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 Wade Stephenson Rd 有olly Springs,NCT Address 12655-H3 License # Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work Residential # Baths Barnes Plumbing, Inc. Plumbing Contractor's Company Name 919-639-0935 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 Insulation Contractor's Company Name & Address 919-772-9000 27603 Telephone

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?
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?
yesno
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.  3-9-11  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 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.
X 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 Byilders, Inc.
Sign wiffine: 1 3-9-1

Plan	Box	Number	6	<u>C</u>	
1 1000-		_			

Job Name <u>Stanci</u>

Date: <u>8/9/1/</u>

Required Inspections for SFA/SFD

Appl. # 11 20026237 Valuation \$ 99,666 Sq. Feet 1534

## Sequence

	R* Bldg. Footing	
10	R* Mono Slab	
10	R* Elec. Temp Service Pole	
10-30		
20	Foundation Survey	
20	R* Building Foundation	Slab
20	Address Confirmation	Sido
30-999	Open Floor	Mon
30-999	R* Bldg. Slab Insp.	14101
30-999	R* Elec. Under Slab	Crav
30-999	R*Plumb. Under Slab	Clav
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	
	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	
60	Envir. Operations Permit	
999	LIIVII. Operations 2	

