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 # 11 DOO 26239

Tensitting Execut 3/9/11

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

| Owner's Name: Town Town Town  | no and Trades                          | Permit                 |  |  |
|---|--|------------------------|--|--|
| Deve opera Tw   | Date                                   |                        |  |  |
| Site Address:   |  |                        |  |  |
| Directions to job site from Lillington:   | Phone:                                 | 9-639-2073             |  |  |
| DM A late   | in Low                                 | and Huge/L             |  |  |
| ON RAILIA ON TARNET   | - Central                              | Nin left               |  |  |
| Subdivision Sub O   | n Right                                |                        |  |  |
| Subdivision: - Hadden pointe  | Lot:                                   | 36                     |  |  |
| Description of Proposed Work: Respect Ho  |  |                        |  |  |
| Heated SF 190 Unheated SF Finished Rec Roc  | #Bec                                   | drooms: 3              |  |  |
| General Contractor Int  | ormation                               | Crawl Space ( Slab ( ) |  |  |
| - Stancil Buildore T-   |  | _!                     |  |  |
| Telep   | 119-639-20                             | 7.3                    |  |  |
| 400 Stancil Rd. Angina vo   | 27501                                  |                        |  |  |
| Address Angler, No  | 27301                                  | 034533                 |  |  |
| Sanature of S   | ian 2 50 aut a                         | License #              |  |  |
| /   | ilgn & fill out secor                  | id page                |  |  |
| Description of Work New Residential Permit Infor                                  | mation                                 | i                      |  |  |
| Description of Work New Residential Service Size:  Stancil-Owen Electical, Inc. 9 | Amps                                   | TPole: yes/no          |  |  |
| Flectrical Contractoria 9   | 19-639-207                             | 3                      |  |  |
| 466 Stancil Rd., Angley, NC 27501   | none                                   |                        |  |  |
| Address Address NC 27501  |  | _13075-L               |  |  |
| tomb A  |  | License #              |  |  |
| Signature of Officer(s) of Corporation  |  |                        |  |  |
| Mechanical Permit Info  | rmetion                                |                        |  |  |
| Description of Work Residential   | ······································ |                        |  |  |
| JC's Heating & Air  | 010 ==                                 |                        |  |  |
| Mechanical Contractor's Company Name  | 919-552<br>Telephone                   | -6258                  |  |  |
| 1589 Wade Stephenson Rd 4011  | r elablique                            |                        |  |  |
| Address Address   | IGS, NC.                               | 12655-Н3               |  |  |
| I my l and  |  | License #              |  |  |
| Signature of Office (s) of Corporation  | •                                      |                        |  |  |
| Plumbing Permit Information   |  |                        |  |  |
| Description of Work Residential   | # Baths                                |                        |  |  |
| Barnes Plumbing, Inc.   | 919-639                                |                        |  |  |
| Plumbing Contractor's Company Name  | Telephone                              | -0935                  |  |  |
| PO Box 1207, Angier, NC 27501   | P17                                    | 725                    |  |  |
| Address   |  |                        |  |  |
| - Company   | i .                                    | License #              |  |  |
| Signature of Officer(s) of Corporation  |  |                        |  |  |
| Insulation Permit Information   |  |                        |  |  |
| Insulating Ing 1010   | eigh NC 91                             | 9-772 0000             |  |  |
| Insulation Contractor's Company Name & Address                                    | 27603                                  | Telephone              |  |  |
|   | ~ / 0 0 3                              | · Cichinnia            |  |  |

| Homeowners Applying to Bul<br>Please answer the following questions then see a Permit Technician to de<br>Questionnaire per G.S. 87-14 Regulations as to Issue of   | termine if you quality for bermit unde   | er Owners Exemption. vailable upon request)  |
|---|--|--|
| 1. Do you own the land on which this building will be co  |  | 1  |
| 2. Have you hired or intend to hire an individual to supe project?  |  | ruction of the   |
| 3. Do you intend to directly control & supervise constru  | ction activities? yes  | no   |
| 4. Do you intend to schedule, contract, or directly pay fo  | or all phases of constructionyes   | n work to be   |
| 5. Do you intend to personally occupy the building for a completion of construction and do you understand that presumption under law that you fraudulently secured the  | ryou do not do so, it creat  | 92 (116  |
| i hereby certify that I have the authority to make necessary and that the construction will conform to the regulations. Mechanical codes, and the Harnett County Zoning Ordinar contractors is correct as known to me and if any changes on number of bedrooms, building and trade plans, Environment changes, it certify it is my responsibility to notify the Harnett any and all changes.  Signature of Owner/Contractor/Officer(s) of Corporation | application, that the application the Building, Electrical, Pice. I state the information occur including listed contracted Health permit changes or picounty Central Permitting D | ion is correct<br>llumbing and<br>on the above<br>ors, site plan,<br>proposed use<br>Department of |
| Allidavit for worker a compo  | nsation N.C.G.S. 87-14   |  |
| The undersigned applicant being the:  X General Contractor Owner Of   | ficer/Agent of the Contractor  | or Owner   |
| Do hereby confirm under penalties of perjury that the person set forth in the permit:   | · ·  |  |
| X Has three (3) or more employees and has obtained v  | vorkers' compensation insura   | nce to cover them.   |
| Has one (1) or more subcontractors(s) and has obtained.   | ned workers' compensation is   | nsurance to cover  |
| X Has one (1) or more subcontractors(s) who has their covering themselves.  | own policy of workers' comp  | ensation insurance   |
| Has no more than two (2) employees and no subcor  | tractors.  |  |
| While working on the project for which this permit is sought Department issuing the permit may require certificates of control to issuance of the permit and at any time during the permit carrying out the work.   | ivarage of worker's compens  | ation insurance prior  |
| Company or Name: Stancil Builders,  | Ipty.  | <u> </u>   |
| Sign worthe: flooding floor   | Presidentate: 3.   | 9-11   |
| Page 2 o  | 12   | 9/07   |

Plan Box Number 6 C

Job Name Stancil

Date: 3/10/11

## Required Inspections for SFA/SFD

Appl. # 11 500 262 29 Valuation 499660 Sq. Feet 1534

## Sequence

| Sequence |                            |       |
|----------|----------------------------|-------|
| 10       | R* Bldg. Footing           |       |
| 10       | R* Mono Slab               |       |
| 10-30    | R* Elec. Temp Service Pole |       |
| 20       | Foundation Survey          |       |
| 20       | R* Building Foundation     |       |
| 20 ~     | Address Confirmation       | Slab  |
| 30-999   | Open Floor                 |       |
| 30-999   | R* Bldg. Slab Insp.        | Mono  |
| 30-999   | R* Elec. Under Slab        |       |
| 30-999   | R*Plumb. Under Slab        | Crawl |
| 40       | Four Trade Rough In        |       |
| 40       | Four Trade Rough In> 2500  |       |
| 40       | Three Trade Rough In       |       |
| 40       | Three Trade Rough In> 2500 |       |
|          | Two Trade Rough In         |       |
| 40<br>40 | Two Trade Rough In> 2500   |       |
| 40       | One Trade Rough In         |       |
|          | One Trade Rough In > 2500  |       |
| 40       | R* Insulation              |       |
| 50       | 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     |       |
| 60       | Envir. Operations Permit   |       |
| 999      | Liivii. Operations :       |       |
|          |                            |       |