

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

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

Application # 11-50027202

**Application for Residential Building and Trades Permit**

Owner's Name: Jeff and Linda Jones Date: 7/18/11

Site Address: Wood Lake Drive Phone: 910-814-1347

Directions to job site from Lillington: US 401 N/W Cornelius Harnett Blvd → Continue on US 401 N 9.2 mi, Left on Rawls Church Rd 2.5 mi → Right on Christian Light Rd 1.5 mi → Right on Woodlake Drive → Lot 4

Subdivision: Wood Lake Lot: 4

Description of Proposed Work: Single Family Home # of Bedrooms: \_\_\_\_\_

Heated SF: 3626 Unheated SF: 1786 Finished Bonus Room? Yes Crawl Space: X Slab: only Detached Garage

**General Contractor Information**

Stanton Homes, Inc  
Building Contractor's Company Name

919-278-8070  
Telephone

501 N. Salem Street, Ste 204 Apex NC 27502  
Address

Andrew.T@stantonhomes.com  
Email Address

62855  
License #

**Electrical Contractor Information**

Description of Work Whole House Electrical Service Size: \_\_\_\_\_ Amps T-Pole: X Yes \_\_\_ No

Raleigh Lanehart Electric  
Electrical Contractor's Company Name

919-303-6216  
Telephone

1120 Burma Drive Apex NC 27502  
Address

Jimmy@lanehart.com  
Email Address

24986-U  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Whole house HVAC  
Yellow Dot, Inc  
Mechanical Contractor's Company Name

919-754-8686  
Telephone

1203 New Hope Rd Raleigh, NC 27610  
Address

Wlong@ydhvac.com  
Email Address

20396 H-2 H-3-1  
License #

**Plumbing Contractor Information**

Description of Work Whole house plumbing  
Sweetwater Plumbing, LLC  
Plumbing Contractor's Company Name

# Baths 5  
919-270-6869  
Telephone

4316 Triland Way Cary NC 27518  
Address

Tom@sweetwaterplumbingllc.com  
Email Address

23793-U  
License #

**Insulation Contractor Information**

Prime Energy Group,  
Insulation Contractor's Company Name & Address

919-821-3288  
Telephone

\*NOTE: General Contractor must fill out and sign the second page of this application.

### 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)

1. 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 that **I affirm that I have obtained all listed contractors permission to obtain these permits** 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.

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

7/13/11  
Date

### Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

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:

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.

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: Stanton Homes, Inc

Sign w/Title: [Signature] president Date: 7/13/11

License Year

2011

License No.

62855

# North Carolina

## Licensing Board for General Contractors

This is to Certify That:

Stanton Homes Inc.  
Apex, NC

is duly registered and entitled to practice

## General Contracting

Limitation: Limited  
Classification: Building

until

December 31, 2011

when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

January 14, 2011

This certificate may not be altered.



Chairman

Secretary-Treasurer



# CERTIFICATE OF LIABILITY INSURANCE

STANT-1

OP ID: BL

DATE (MM/DD/YYYY)

06/21/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SureVest Insurance Group, LLC 1033 Oberlin Rd Ste 210 Raleigh, NC 27605 Blair Lee	919-832-9420	CONTACT NAME:	
	866-297-6946	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Builders Mutual Insurance Co.			10844
INSURER B : Erie Insurance Exchange			26271
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

INSURED  
Stanton Homes, Inc.  
PO Box 2168  
Apex, NC 27502

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			Q42-3051092	06/30/11	06/30/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCP1004614-01	07/01/11	07/01/12	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**GENERAL CONTRACTOR**

NOTE: Owner(s) is excluded from workers compensation coverage.

**CERTIFICATE HOLDER****CANCELLATION**

Stanton Homes Inc PO Box 2168 Apex, NC 27502	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Blair Lee
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