

AA-6

Application # 1150027580

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 for Residential Building and Trades Permit**

Owner's Name STANCIL BUILDERS, INC Date \_\_\_\_\_  
Site Address \_\_\_\_\_ Phone 919-639-2073  
Directions to job site from Lillington HWY 27 WEST - PAST WESTERN HARLETT HIGH SCHOOL - TURN LEFT ON TILGEN RD - TOP OF HILL PATTONS POINT SUB ON LEFT  
Subdivision PATTONS POINT PHASE II Lot 125  
Description of Proposed Work RESIDENTIAL NEW HOME # of Bedrooms 3  
Heated SF 1500 Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

STANCIL BUILDERS, INC 919-639-2073  
Building Contractor's Company Name Telephone  
466 STANCIL RD ANGIER, NC 27501  
Address Email Address  
034533

**Electrical Contractor Information**

Description of Work New Residential Service Size 200 Amps T Pole  Yes  No  
C & M ELECTRIC SERVICE 919-772-4518  
Electrical Contractor's Company Name Telephone  
600 BRUCKSTEEL LN GARNER, NC  
Address Email Address  
05689-L

**Mechanical/HVAC Contractor Information**

Description of Work New Res  
STEPHENSON HVAC 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 SHIPWASH DR GARNER, NC  
Address Email Address  
18644 H3-I

**Plumbing Contractor Information**

Description of Work New Res # Baths 2 1/2  
BARNES PLUMBING 919-639-0935  
Plumbing Contractor's Company Name Telephone  
PO Box 1207 ANGIER, NC 27501  
Address Email Address  
P17735

**Insulation Contractor Information**

TATUM INS 519 OLDDRUGSTORE RD, 919-661-0999  
Insulation Contractor's Company Name & Address Telephone  
GARNER, NC

\*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 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

Shonda Bolden VP  
Signature of Owner/Contractor/Officer(s) of Corporation

9 30 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 Stancil Builders, Inc  
Sign w/ Title [Signature] President Date 9/30/11

Patterson Pond Ph II II 125

Date 10-4-11  
Job Name Stanvil Builders

Plan Box # AA-6

App # 11 500 27580

Valuation <sup>#</sup> 128513

SQ Feet 1978

Inspections for SFD/SFA

Crawl X

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

Foundation Survey \_\_\_\_\_

Envir. Health \_\_\_\_\_

Other \_\_\_\_\_

.....

Additions / Other

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_