

* 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 # 1250028169

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Stancil Builders INC Date: 1/11/2012

Site Address: _____ Phone: 919-639-2073

Directions to job site from Lillington: _____

Subdivision: Cokesburg Park Lot: 80

Description of Proposed Work: Residential #Bedrooms: 3

Heated SF 1180 Unheated SF _____ Finished Rec Room? NO Crawl Space Slab ()

General Contractor Information

Stancil Builders INC. Building Contractor's Company Name Telephone _____

466 Stancil Rd Angier NC 27501 Address License # 034533

Shonda L. Stancil V.P. Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

Electrical Permit Information

Description of Work New Residential Service Size: 200 Amps TPole: yes/no

SNO Electrical Electrical Contractor's Company Name Telephone 427-6952

19655 210 Hwy 100 27501 Address License # 13075-L

Nolan Owen Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work Residential

Stephenson HVAC Mechanical Contractor's Company Name Telephone 919-329-0686

343 Shipwash Dr. Camer 27529 Address License # 18644

Ray Stephenson Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Residential # Baths 2

Barnes Plumbing Plumbing Contractor's Company Name Telephone 639-0935

PO Box 1207 Angier, NC 27501 Address License # p 17735

Jerry Barnes Signature of Officer(s) of Corporation

Insulation Permit Information

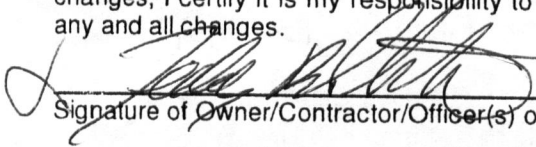
TATUM Insulation CO. 519 Old Hwy Spire Rd 661-0999 Insulation Contractor's Company Name & Address Telephone

Homeowners Applying to Build Their Own Home

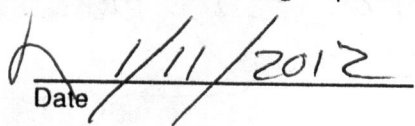
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

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.



 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:

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: Stanvil Builders Inc.
 Sign w/Title: Dorenda Boldstar V.P. Date: 1-10-12

Plan Box # AA10

Date 1-11-12

Job Name Stancil

App # 1250028169

Valuation 11,816

SQ Feet 1721

Inspections for SFD/SFA

Crawl

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 _____