

Application # 1250028229

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

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

Application for Residential Building and Trades Permit

Owner's Name STANCIL BUILDERS, INC Date 1/26/12
Site Address 182 GUNNER Ct. BROADWAY, NC Phone 919-639-2073
Directions to job site from Lillington HWY 27 WEST - PAST WESTERN HARLETT
HIGH SCHOOL - turn Left at TILGEN Rd - top of hill
PATTONS POINT SUB ON Left
Subdivision PATTONS POINT PHASE II Lot 148
Description of Proposed Work RESIDENTIAL New Home # of Bedrooms 3
Heated SF 1089 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. ANGLER, NC 27501
Address Email Address
034533
License #

Electrical Contractor Information

Description of Work New Residential Service Size 200 Amps T Pole Yes No
SNO. ELECTRICAL 919 427 6952
Electrical Contractor's Company Name Telephone
19655 - NC 210 HWY ANGLER, NC
Address 27501 Email Address
13075-L
License #

Mechanical/HVAC Contractor Information

Description of Work New Res 919-329-0686
STEPHENSON HVAC Telephone
Mechanical Contractor's Company Name
343 SHIPWASH DR GARNER,
Address NC Email Address
18644 H 3-I
License #

Plumbing Contractor Information

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

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

[Signature] Date 2/3/12
Signature of Owner/Contractor/Officer(s) of Corporation

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 _____

Plan Box # AAALo

Date 1-27-12

Job Name Stencal

App # 1250028229

Valuation #90765

SQ Feet 1397

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 _____