

\* 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: 5/30/12  
 Site Address: \_\_\_\_\_ Phone: 919-639-2073  
 Directions to job site from Lillington: HWY 27 WEST - PAST WESTERN HARNETT HIGH SCHOOL - TURN LEFT ON TILGEN RD - TOP OF HILL PATTONS POINT SUB. ON LEFT.  
 Subdivision: PATTONS POINT PHASE II Lot: 14A  
 Description of Proposed Work: RESIDENTIAL New Home # of Bedrooms: 3  
 Heated SF: 1196 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 - NG 210 HWY ANGLER, NC  
 Address 27501 Email Address  
 License # \_\_\_\_\_

**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 H 3-I  
 License # \_\_\_\_\_

**Plumbing Contractor Information**

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

**Insulation Contractor Information**

TATUM INS. 519 OLD DRUG STORE 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.

X *Orlando Salazar V.P.*  
Signature of Owner/Contractor/Officer(s) of Corporation

5-30-12  
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: *Judda Stancil* President Date: 5-30-12