

* 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 # 1250028833

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: TOM Developer Date 5-22-12
Site Address: 95 Oxfordshire Drive Phone: 919-639-2073

Directions to job site from Lillington: take 210 toward Amiger turn Left on Harnett Central then Left on Ballard Rd sub on Right

Subdivision: Hadden pointe Lot: 4

Description of Proposed Work: New Home #Bedrooms: 3
Heated SF 1340 Unheated SF _____ Finished Rec Room? NO Crawl Space Slab ()

General Contractor Information

Stancie Builders 919-639-2073
Building Contractor's Company Name Telephone

466 Stancie Rd 34533
Address License #

Signature of Owner/Contractor/Officer(s) of Corporation [Signature] Must sign & fill out second page

Electrical Permit Information

Description of Work ELECTRIC Service Size: 200 Amps TPole/yes/no ()
C M ELECTRIC SERVICE INC. 919-868-7069

Electrical Contractor's Company Name Telephone
600 Bricksteel Lane Garner 05689-L
Address License #

Signature of Officer(s) of Corporation [Signature]

Mechanical Permit Information

Description of Work Heat & Air New House
Stephenson Heat & Air Inc 919-329-0686
Mechanical Contractor's Company Name Telephone

343 - Shipwash Drive Garner NC 18644
Address License #

Signature of Officer(s) of Corporation [Signature]

Plumbing Permit Information

Description of Work Plumbing New House # Baths 2
Barnes Plumbing Inc 919-639-0935
Plumbing Contractor's Company Name Telephone

PO BOX 1207 Amiger NC P 17735
Address License #

Signature of Officer(s) of Corporation [Signature]

Insulation Permit Information

Tatum Insulation 519 Old Drug Store Rd 919-661-0999
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: Stancil Builder Inc

Sign w/Title: Shonda Lidditer V.P. Date: 5-22-12

