

* 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 # 1250028834

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: SHC Holdings Date: 5-22-12
Site Address: 41 Hunters point Ct Phone: 919-639-2073
Directions to job site from Lillington: take 210 toward Anger turn Rt
On 55 Hwy, toward Coats turn Left - silas-Hynes
take 2nd Entrance Hunters point on Right
Subdivision: Hunters point Lot: 2
Description of Proposed Work: New House #Bedrooms: 3
Heated SF 1180 Unheated SF _____ Finished Rec Room? NO Crawl Space (w) Slab ()

General Contractor Information

Stancil Builders Telephone 919-639-2073
Building Contractor's Company Name
466 Stancil Rd License # 34533
Address
Felix Stancil
Signature of Owner/Contractor/Officer(s) of Corporation

Must sign & fill out second page

Electrical Permit Information

Description of Work ELECTRIC Service Size: 200 Amps TPole: (yes) no
Stephen Nelson Owen DBA SNO Telephone 427-6952
Electrical Contractor's Company Name
19655 NC 210 Hwy Anger NC License # 13075-L
Address
John Owen
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work Heat & Air New House
Stephenson Heat & Air MC Telephone 919-329-0686
Mechanical Contractor's Company Name
343-Shipwash Drive Camr NC License # 18644
Address
Ray Stead
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work plumbing New House # Baths 2
Barnes Plumbing MC Telephone 919-639-0935
Plumbing Contractor's Company Name
PO Box 1207 Anger NC License # 017735
Address
Felix Barnes
Signature of Officer(s) of Corporation

Insulation Permit Information

Tatum Insulation Telephone 919-661-0999
Insulation Contractor's Company Name & Address

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: Stagal Builders Inc

Sign w/Title: D. Munda Date: 5-22-12