

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 # 12-500-29081

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: Duncan Development Date: 6/14/2012
Site Address: 826 COKEBURY PARK LANE Phone: 557-3444
Directions to job site from Lillington: 401 to 42 turn left go to
COKEBURY PARK rd turn left sub on Rt

*Cancelled
6.15.12*

Subdivision: COKEBURY PARK Lot: 83
Description of Proposed Work: New Home #Bedrooms: 3
Heated SF 1180 Unheated SF _____ Finished Rec Room? NO Crawl Space Slab ()

General Contractor Information

STANCIL BUILDERS INC 919-639-2073
Building Contractor's Company Name Telephone
466 STANCIL RD 34533
Address License #
Fabrice Stencil
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 427-6952
Electrical Contractor's Company Name Telephone
19655 WC 210 Hwy 1A Waverly NC 13075-1
Address License #
Nelson Owen
Signature of Officer(s) of Corporation

Mechanical Permit Information

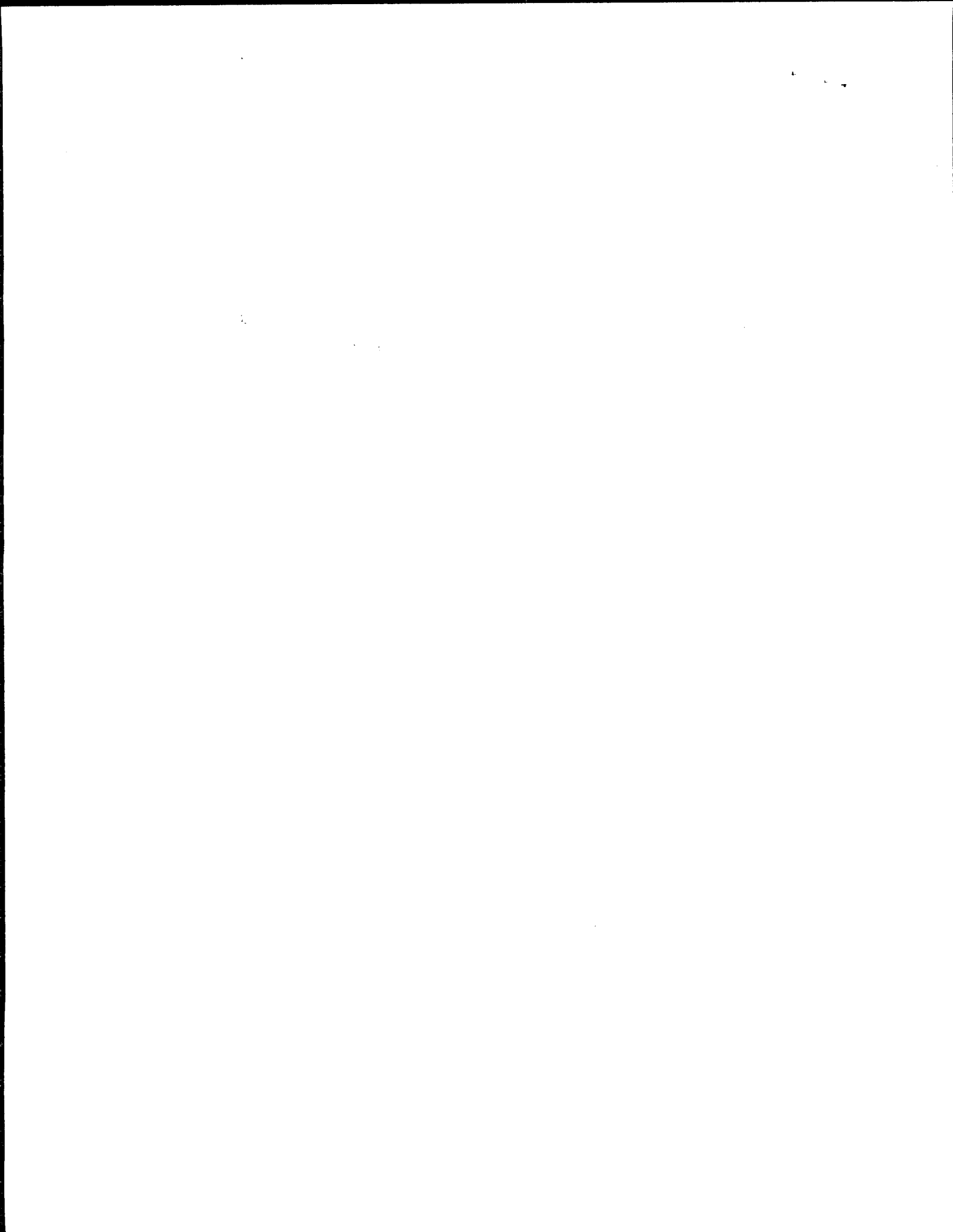
Description of Work Heat & AIR NEW HOUSE
STEPHENSON HEAT & AIR INC 919-329-0686
Mechanical Contractor's Company Name Telephone
343 - SHIP WASH DRIVE CORNER WEL 18644
Address License #
Tommy Stephens
Signature of Officer(s) of Corporation

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 ANISER INC P 17735
Address License #
Larry Barnes
Signature of Officer(s) of Corporation

Insulation Permit Information

TATUM INSULATION 519 OLD DRUG STORE RD 919-661-0999
Insulation Contractor's Company Name & Address Telephone



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.

Remenda Seltzer V.P.

6-14-12
Date

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: 6/14/2012