

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

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

Application # 125 29692 *signed*

Application for Residential Building and Trades Permit

Owner's Name: STANCIL BUILDERS, INC. Date: _____
Site Address: 457 COKEBURG PARK HWY Phone: 919-639-2073
Directions to job site from Lillington: ... TAKE 401 TO FINGER HWY. ANGLE LEFT ON R. 42 GO TO DIXON. TURN LEFT ON COKEBURG SUB ON RT.
Subdivision: COKEBURG PARK PLACE 3 Lot: 42
Description of Proposed Work: RESIDENTIAL NEW HOME # of Bedrooms: _____
Heated SF: _____ 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. ANGIER, NC 27501
Address
034533 Email Address
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 ANGIER, NC
Address
13075-L 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,
Address
18644 H3-I NC Email Address
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 ANGIER, NC 27501
Address
P17735 Email Address
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.

Signature of Owner/Contractor/Officer(s) of Corporation _____

Date 4/29/2013

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: 4/20/13

3

1/1/01

1/1/01

1/1/01

1/1/01

1/1/01

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 4878

Filed on: 04/19/2013

Initially filed by: StancilBuildersInc

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com (<http://www.liensnc.com>)

Address: 19 W. Hargett St., Suite 507 /

Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.comsupport@liensnc.com**Project Property**Lot 42 Cokesbury Park Phase III Book
2006 Page 854457 Cokesbury Park Lane
Fuquay Varina, NC 27526

Tax Parcel ID: 050635-0124-04

Property Type

1-2 Family Dwelling

Pre-Permit Workers

None

Notification Alert Emails:

1. bgoldston@embarqmail.com

Owner Information

Stancil Builders Inc

466 Stancil Rd

Angier, NC 27501

Email: bgoldston@embarqmail.com

Phone: 919-639-2073

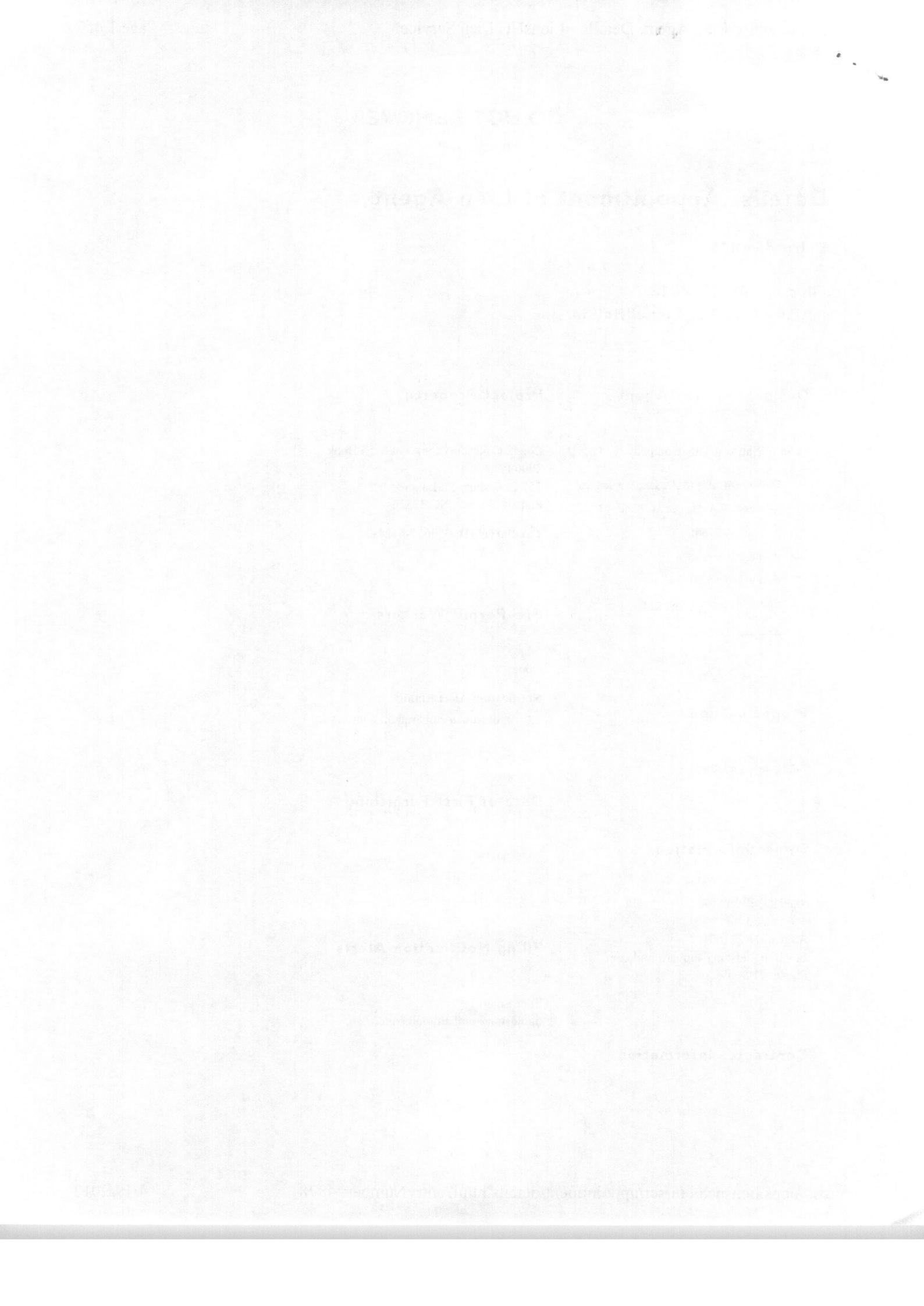
Date of First Furnishing

2013-04-19

Filing Notification Alerts

Filer Email 1:

bgoldston@embarqmail.com**Contractor Information**



Stancil Builders Inc
466 Stancil RD
Angier , NH 27501

Print & Post

Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.



Technical Support Hotline: (888) 690-7384

Cokesbury Park #42

Plan Box #

I-4

Date

5-1-13

Job Name

General

App #

1250029692

Valuation

111,816

SQ Feet

1721

Inspections for SFD/SFA

Crawl

X

Slab

Mono

Footing

Foundation

Address

Open Floor

Rough In

Insulation

Final

Footing

Foundation

Address

Slab

Rough In

Insulation

Final

Plumbing Under Slab

Ele. Under Slab

Address

Mono Slab

Rough In

Insulation

Final

>2500

>2500

>2500

Foundation Survey

No

Envir. Health

New Tank

Other

Additions / Other

Footing

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final

