\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match 6-5

Application # 12500 29878

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

Application for Residential Building and Trades Permit

Owner's Name: STANCIL BUILDERS, ILC.	Date: 11 7/12
Site Address: 1612 TILGEN Rd. BROADWAY, A	IC Phone: 919-639 2073
Directions to job site from Lillington: HWV 27 West	PAST WESTERA
HARLETT HIGH School- TURN	LEFT ON TINGENTED
Top of HIM ON Right	TO THE RA
Subdivision: Sunset Rigge	Lot: 3
Description of Proposed Work: New CONSTRUCTION	LOI
Heated SF: Finished Bonus Room?	Crawl Space: V Slah:
General Contractor Information	on
Building Contractor's Company Name	919-639-2073
466 STANCIL ROAD ANGIER, NC	Telephone
Address	Email Address
034533 License #	
	20
Description of Work New Const. Service Size:	200 Amps T-Pole: Yes No 9191 - 427-6952
SNO Electroic	919-427-6952
Electrical Contractor's Company Name	Telephone
Address AC Hwy 210 ANGIOR, HC	5
13075-L	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work ~~ CONST.	2
Mechanical Contractor's Company Name	919-329-0686
343 Shipwash DRIVE GARNER, NC	Telephone
Address	Email Address
18644	
License #  Plumbing Contractor Information	
Description of Work New Coust.	
BAPLES PHARME	# Baths
Plumbing Contractor's Company Name	919 - 639 - 0935 Telephone
1.0.750× 1207 ANGIER, NC	Тобрионе
Address 27501	Email Address
License #	
Insulation Contractor Information	1
ATUM INSULATING, INC.	919-661-0999
nsulation Contractor's Company Name & Address	Telephone

	Llama a succession de la			
	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	
The same of the last owner, where the same of the same	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 consect months following completion of construction and do you understand that you do not do so, it creates the presumption under law that you fraudulei secured the permit?	: £	No	
	I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the Building, Element Mechanical codes, and the Harnett County Zoning Ordinance. I state the information of contractors is correct as known to me and that by signing below I have obtained permission to obtain these permits and if any changes occur including listed number of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central Perany and all changes.  EXPIRED PERMIT FERS - 6 Months to 2 years permit re-issue fee is \$150.00.  Signature of Owner/Contractor/Officer(s) of Corporation  Date	ectrical, Plumbormation on the ed all subconstances, sanges or propormitting Depart	oing and e above tractors ite plan, sed use tment of	
	Affidavit for Worker's Compensation N.C.G.S.	87-14		
-	X General Contractor Owner Officer/Agent of the Co	ntractor or Ow	ner	
S	Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit:	ation(s) perforn	ning the work	
_	$oldsymbol{ imes}$ Has three (3) or more employees and has obtained workers' compensation	n insurance to	cover them.	
_	Has one (1) or more subcontractors(s) and has obtained workers' compennem.			
C	$\frac{X}{X}$ Has one (1) or more subcontractors(s) who has their own policy of workers overing themselves.	compensatio	n insurance	
_	Has no more than two (2) employees and no subcontractors.			
	Thile working on the project for which this permit is sought it is understood that the epartment issuing the permit may require certificates of coverage of worker's continuous of the permit and at any time during the permitted work from any personarrying out the work.	mnoncation inc	uronos muisu	
2	ompany of Name: STANCIA, BUILDERS, INC.		112	
1	ign w/Titled 1 MIA 1 A 1 AV 1 The III	11101	111	38 3