* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 2500 29 893

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: 1652 TINGEN Pd. BROWDWAY, NO	Phone: 919-631 207
	PAST WESTERN
Directions to job site from Emington	LEFT ON TINGENT
HARLETT PHOPE PORCE	
Top of Him ON Right	Lot: 5
Subdivision: SUNSET RIGHT Subdivision: Sunset Work: New Construction	
Description of Floposed Work.	Crawl Space: Slab:
Heated SF: Finished Bonus Room? General Contractor Information	Crawl Space Slab
STANCIL BUILDERS, INC.	919-639-2073
. .	Telephone
ALGIER, HC ALGIER, HC ALGIER, HC	
Address 27501	Email Address
034533	
License # Electrical Contractor Information	
License # Description of Work New Const. Service Size: 2	200 Amps T-Pole: Yes No 919 - 427-6952
SNO Electric	919-421-6952
	Telephone
Electrical Contractor's Company Name JA655 NC Hwy 210 ANGIAR, HC Address	Email Address
71001000	Email Address
13075-1	
License # Mechanical/HVAC Contractor Inform	ation
Description of Work ~~ ~~ CONST.	
STEPHENSON HVXC	919-329-0686
- Company Name	Telephone
343 Supwash DRIVE GARNER, NC	Email Address
Address	Email Address
18644	
License # Plumbing Contractor Information	<u>on</u>
Description of Work New Const.	_# Baths
PARILES PLIMBING	919-634-0935
Plumbing Contractor's Company Name	Telephone
D.O. BOX 1207 ANGIER, NC	E il Addroso
Address 21501	Email Address
ヤリリクラ	
License # , Insulation Contractor Informati	on and an accordance
TATILLY TIGULATING, TIC	919-1001-0919
Including Contractor's Company Name & Address	Telephone

*NOTE: General Contractor must fill out and sign the second page of this application.

Applying to Build Their Own Home	
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)	
Do you own the land on which this building will be constructed? ——Yes ——No	
Have you hired or intend to hire an individual to superintend andYesNoNo	
3. Do you intend to directly control & supervise construction activities?YesNo	
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? YesNo	
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 that by signing below I have obtained all subcontractors permission to obtain these permits 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. EXPIRED PERMIT FEES 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule. 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:	
X 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. X 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 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 of Name: STAHCI & BULDOPS, THC. Sign w/Title: Date: Della Dell	