

C-3

Application # 1250029894

\* 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 for Residential Building and Trades Permit**

Owner's Name: STANCIL BUILDERS, INC. Date: 11/7/12  
Site Address: 1692 TINGEN RD. BROADWAY, NC Phone: 919-639-2073  
Directions to job site from Lillington: HWY 27 WEST - PAST WESTERN HARNETT HIGH SCHOOL - TURN LEFT ON TINGEN RD. TOP OF HILL ON RIGHT  
Subdivision: SUNSET RIDGE Lot: 7  
Description of Proposed Work: NEW CONSTRUCTION # of Bedrooms: 3  
Heated SF: 1500 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 ROAD ANGLIER, NC  
Address 27501 Email Address  
034533  
License #

**Electrical Contractor Information**

Description of Work NEW CONST. Service Size: 200 Amps T-Pole:  Yes  No  
SNO ELECTRIC 919-427-6952  
Electrical Contractor's Company Name Telephone  
19655 NC HWY 210 ANGLIER, NC  
Address Email Address  
13075-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NEW CONST.  
STEPHENSON HVAC 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 SHIPWASH DRIVE GARDNER, NC  
Address Email Address  
18644  
License #

**Plumbing Contractor Information**

Description of Work NEW CONST. # Baths: \_\_\_\_\_  
BARLES PLUMBING 919-639-0935  
Plumbing Contractor's Company Name Telephone  
P.O. Box 1207 Angier, NC  
Address Email Address  
P17735 27501  
License #

**Insulation Contractor Information**

TATUM INSULATING, INC. 919-661-0999  
Insulation Contractor's Company Name & Address Telephone

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

APPROVED

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SIGNATURE

BY

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### 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 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** - 3 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Menda Soldaten V.P.  
Signature of Owner/Contractor/Officer(s) of Corporation

11-06-12  
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: STANCIA BUILDERS, INC.

Sign w/Title: Menda Soldaten V.P.

Date: 11/06/12

9-21-11

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