Application # 13500 3014-3

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

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

Application for Residential Building and Trades Permit

| Owners Name Stancil Builders Inc. | Date |
|--|--|
| Site Address 1/4 Humvee Ct. Brandway 2 | 27505 Phone (919) 639 - 2013 |
| Directions to job site from Lillington Hwy 27W, Left on 7 | ingen Rd /eft on Stive For |
| Dr. into Pattons Point. 1st Lept on Bunkerbuster, Ri | sht on Fifty Palibar La Ct |
| on TrueBlue Dr. Right on Gunner. Left on F | Jumilee C+ |
| Subdivision Pattons Point Place II | Lot 138 |
| Description of Proposed Work Single Family Dwelling | |
| | # of Bedrooms 3 |
| General Contractor Informat | NO Crawl Space K Slab |
| Stanc: 1 Builder's Inc. | (919) 291-6240 |
| Building Contractor's Company Name | Telephone |
| 466 Stancil Road Angier NC 27501 | |
| Address | flstancil Cembargmail.com |
| 034533 | Email Address |
| License # | |
| Electrical Contractor Informa | tion |
| Description of Work SFD Service Siz | te <u>200_</u> Amps_T-Pole_ <u>X_Y</u> esNo |
| SNO Electrical | (919)427-6952 |
| Electrical Contractor's Company Name | Telephone |
| | тегерпопе |
| 19655 NC 210 HWY Angier NC 27501 Address | Franklin |
| 13075-L | Email Address |
| License # | |
| Mechanical/HVAC Contractor Info | A service of the control of the cont |
| Description of Work SFD | ormation |
| | (2:2) 222 4.01 |
| Mechanical Contractor's Company Name | (919) 329-0686 |
| | Telephone |
| 343 Shipwash Dr. Garner NC 21529 | |
| Address | Email Address |
| 18644 H-3I | |
| License # | |
| Plumbing Contractor Information | tion |
| Description of Work _SFD | |
| Barnes Plumbing Inc. | # Baths2 |
| | 1 |
| Plumbing Contractor's Company Name | # Baths 2 (914) 639-0935 |
| Plumbing Contractor's Company Name | # Baths2 |
| Plumbing Contractor's Company Name P.O. Box 1207 Arg; er NC 2750) Address | # Baths 2 (914) 639-0935 Telephone |
| Plumbing Contractor's Company Name P.O. Box 1207 Ang; er NC 2750) | # Baths 2 (914) 639-0935 |
| Plumbing Contractor's Company Name P.O. Box 1207 Arg; er NC 2750) Address | # Baths 2 (914) 639-0935 Telephone |
| Plumbing Contractor's Company Name P.O. Box 1207 Arg; er NC 2750) Address P17735 License # | # Baths 2 (919) 639-0935 Telephone Email Address |
| Plumbing Contractor's Company Name P.O. Box 1207 Arg; er NC 2750) Address P17735 License # Insulation Contractor Information | # Baths 2 (914) 639-0935 Telephone Email Address |
| Plumbing Contractor's Company Name P.O. Box 1207 Arg; er NC 2750) Address P17735 License # | # Baths |

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

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 REES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule 12 - 16 · 13 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 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 _

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DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 78252

Filed on: 12/16/2013 Initially filed by: StancilBuildersInc

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.licnsnc.com (http://www.barrate.com)

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

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com .mailto

Project Property

Lot # 138 Pattons Point Phase 2 Map #2008 Page 148 Deed Book 2271 Page860 114 Humvee Court

Broadway, NC 27505 Harnett County

Property Type

1-2 Family Dwelling

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.

Owner Information

Stancil Builders Inc 466 Stancil Road Angier, NC 27501 United States

Email: bgoldston@embarqmail.com

Phone: 919-639-2073

Date of First Furnishing

12/17/2013

View Comments (0)

Technical Support Hotline: (888) 690-7384