

* 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

Owner's Name: STANCIL BUILDERS, INC. Date: 2/20/2013
Site Address: 085 COKESBURG PARK LN. Phone: 919-639-2073
Directions to job site from Lillington: ... TAKE 401 TO FLYWAY TURN LEFT ON Rte. 42 GO THRU DUCAN TURN LEFT ON COKESBURG SUB ON RTE.
Subdivision: COKESBURG PARK Lot: 58
Description of Proposed Work: RESIDENTIAL NEW HOME # of Bedrooms: 3
Heated SF: 1388 Unheated SF: _____ Finished Bonus Room? NO Crawl Space: Slab: _____

General Contractor Information

STANCIL BUILDERS, INC. 919-639-2073
Building Contractor's Company Name Telephone
466 STANCIL RD. ANGLER, NC 27501
Address Email Address
034533
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 ANGLER, NC
Address Email Address
27501
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 Email Address
18644 H 3-I NC
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 ANGLER, NC 27501
Address Email Address
P17735
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.

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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 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.

Dorenda Saldator
Signature of Owner/Contractor/Officer(s) of Corporation

1-20-13
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: Stancil Builders, Inc.

Sign w/ Title: *[Signature]* President Date: 1-20-13

81.06.6 *catch in about 67*

81.06.6

Cokesbury Park # 58

Plan Box # A-4

Date 3-5-13

Job Name Stair Building

App # 135-0030754

Valuation 121,627

SQ Feet 1872

Inspections for SFD/SFA

Crawl X

Slab _____

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey YES

Envir. Health New Tank

Other _____

Additions / Other

- Footing _____
- Foundation _____
- Slab _____
- Mono _____
- Open Floor _____
- Rough In _____
- Insulation _____
- Final _____