

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

Application #

05 500 12544

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: Elwood and Dana Sherman Date: 9-27-07  
Address: 2850 Spring Hill Ch. Rd. Phone: 919-591-6229  
Directions to job site from Lillington: take McDougald Rd. to Spring Hill Ch. Rd. turn left from McDougald onto Spring Hill, go 2 tenths a mile on left  
Subdivision: \_\_\_\_\_ Lot: 2850

Construction Type: (Please Check) Building Use: (Please Check)  
 New  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family

Total Project Cost: \$175,000 Description of Proposed Work: building a single family home

**General Contractor Information**

Heated SF 2369 Crawl Space () Building Construction Cost \$ \_\_\_\_\_  
Unheated SF 492 Slab () Acres Disturbed 2.10 Stories 2

MJG Construction / Elwood Sherman 910-893-5677  
Building Contractor's Company Name Telephone

2830 Spring Hill Church Rd Lillington NC 27552  
Address License #

Elwood Sherman (owner)

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work electrical work comp Electrical Cost \$ 5000.00  
TS Pole: Yes  No () Underground () Overhead ()

Permanent Service: Underground () Overhead () Service Size: 200 Amps

Holder's Independent Maint. 910-893-4897  
Electrical Contractor's Company Name Telephone

PO Box 445 Namers Electrical 88884  
Address: NC 27552 License #

Harryford

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work Mech work comp  
Number of Units 2 Type System Split System Mechanical Cost \$ 8000.00

Collins Htt A/C Elect 919-298-5664  
Mechanical Contractor's Company Name Telephone

9490 Old 421 Broadway NC 27505 8276  
Address License #

Georg Wade Collins

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Plumbing  
Number of Baths 3 Plumbing Cost \$ 6,000

Jamie Johnson Plumbing 910-984-6277  
Plumbing Contractor's Company Name Telephone

1490 Clark Rd. Lillington 21649  
Address License #

Jamie Johnson

Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential () Other () Not Required ()

Tri City Insulation Fayetteville NC 910-486-8835  
Insulation Contractor's Company Name & Address Telephone

**Commercial Jobs must fill out this portion  
Sprinkler System Information**

|   |                              |
|---|------------------------------|
| _____<br>Sprinkler Contractor's Company Name    | _____<br>Contact & Telephone |
| _____<br>Address                                | _____<br>License #           |
| _____<br>Signature of Officer(s) of Corporation |                              |

**Fire Alarm System Information**

|   |                              |
|---|------------------------------|
| _____<br>Fire Alarm Contractor's Company Name   | _____<br>Contact & Telephone |
| _____<br>Address                                | _____<br>License #           |
| _____<br>Signature of Officer(s) of Corporation |                              |

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?

Yes     No

**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

Sharon J. Stern    9-27-07  
Sign & date

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, 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.

Sharon J. Stern    9-27-07  
Signature of Owner/Contractor/Officer(s) of Corporation    Date

**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

\_\_\_\_\_ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

\_\_\_\_\_ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

\_\_\_\_\_ Has/have not 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.

Firm Name: \_\_\_\_\_

Sign/Title: Elwood J. Stern (Owner)

Date: 9-27-07

Plan Box Number 6-9

Job Name SHERMAN

Date: 2-21-07

Required Inspections for SFA/SFD

Appl. # 0550012544

Valuation \$168,732

Sq. Feet 2597

Sequence

|        |                                     |                             |
|--------|-------------------------------------|-----------------------------|
| 10     | <input checked="" type="checkbox"/> | R* Bldg. Footing            |
| 10-30  | <input checked="" type="checkbox"/> | R* Elec. Temp Service Pole  |
| 20     | <input checked="" type="checkbox"/> | R* Building Foundation      |
| 20     | <input checked="" type="checkbox"/> | Address Confirmation        |
| 30-999 | <input type="checkbox"/>            | Open Floor                  |
| 30-999 | <input checked="" type="checkbox"/> | R* Bldg. Slab Insp.         |
| 30-999 | <input type="checkbox"/>            | R* Elec. Under Slab         |
| 30-999 | <input checked="" type="checkbox"/> | R*Plumb. Under Slab         |
| 40     | <input type="checkbox"/>            | Four Trade Rough In         |
| 40     | <input checked="" type="checkbox"/> | Four Trade Rough In > 2500  |
| 40     | <input type="checkbox"/>            | Three Trade Rough In        |
| 40     | <input type="checkbox"/>            | Three Trade Rough In > 2500 |
| 40     | <input type="checkbox"/>            | Two Trade Rough In          |
| 40     | <input type="checkbox"/>            | Two Trade Rough In > 2500   |
| 40     | <input type="checkbox"/>            | One Trade Rough In          |
| 40     | <input type="checkbox"/>            | One Trade Rough In > 2500   |
| 50     | <input checked="" type="checkbox"/> | R* Insulation               |
| 60     | <input type="checkbox"/>            | Four Trade Final            |
| 60     | <input checked="" type="checkbox"/> | Four Trade Final > 2500     |
| 60     | <input type="checkbox"/>            | Three Trade Final           |
| 60     | <input type="checkbox"/>            | Three Trade Final > 2500    |
| 60     | <input type="checkbox"/>            | Two Trade Final             |
| 60     | <input type="checkbox"/>            | Two Trade Final > 2500      |
| 60     | <input type="checkbox"/>            | One Trade Final             |
| 60     | <input type="checkbox"/>            | One Trade Final > 2500      |
| 999    | <input checked="" type="checkbox"/> | Envir. Operations Permit    |

Application # 05-50012544

**Harnett County Central Permitting**  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 Fax 910-893-2793  
www.harnett.org  
Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: Elwood and Dana Sherman Phone: 910-893-2252

Owner (s) Mailing Address: PO Box 611  
Momers NC 27552

Land Owner Name (s): Elwood and Dana Sherman Phone: 910-893-2252

Construction or Site Address: 2850 Spring Hill Ch Rd Lillington NC

PIN or Parcel #: \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done \_\_\_\_\_

Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_

Electrical: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_

Plumbing: Water/Sewer Tap / Number of Baths 2 Water Heater \_\_\_

Specific Directions to Job from Lillington:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I \_\_\_\_\_ have provided or will provide the \_\_\_\_\_ labor  
(Contractors Name) (Trade)

on this structure. I am the building owner or hold a NC state \_\_\_\_\_ license  
(Trade)

number \_\_\_\_\_, which entitles me to perform such work on the above structure legally. All

work shall comply with the State Building Code and all other applicable State and local laws,  
ordinances and regulations.

Structure owner(s) signature: Elwood J. Sterne Date: 3-5-2007

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Company name, address, & phone must match information on license.**

100

ELWOOD DARRA ~~ELWOOD~~  
7-7-05 SHERMAN

Required Inspections for SFA/SFD

Appl # 0550012544  
Sq. Ft. 3068  
Valuation \$199,333

- 10  R\*Bldg Footing
- 20  R\*Bldg Foundation
- 20  Address Confirmation
- 30-999  R\*Open Floor
- 30-999  R\*Bldg Slab Insp
- 30-999  R\*Elect Temp Service Pole
- 30-999  R\*Elec Under Slab
- 30-999  R\*Plumb under Slab
- 30-999  R\*Bldg Water/Damp Proofing ?
- 40  R\*Bldg Rough In
- 40  R\*Bldg Rough In > 2500
- 40  R\*Elec Rough In
- 40  R\*Elec Rough In > 2500
- 40  R\*Mech Rough In
- 40  R\*Mech Rough In > 2500
- 40  R\*Plumb Rough In
- 40  R\*Plumb Rough In > 2500
- 50  R\*Insulation Inspection
- 60  R\*Bldg Final
- 60  R\*Bldg Final > 2500
- 60  R\*Elec Final
- 60  R\*Elec Final > 2500
- 60  R\*Mech Final

- 60  R\*Mech Final > 2500
- 60  R\*Plumb Final
- 60  R\*Plumb Final > 2500
- 999  Envir. Operations Permit