Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

07 500 18945

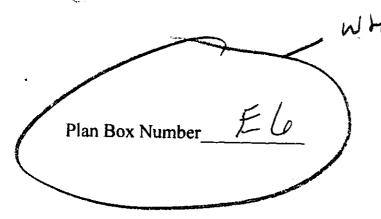
1 dishing to	Trade Permit
Application for Build	ing and Trade Permit Date:
-	Phone:
Owner's Name:	
Address: Directions to job site:	
	Lot:
Subdivision: River Stone But (Please Check) But (Please Check)	ilding Use: (Please Check)
Subdivision: KTO LV Construction Type: (Please Check) Bu	Residential
Construction Type. (1 1000)	Modular
X New Renovation	Commercial
Addition	Multi-Family
Mayod House	
Other Description of Proposed Work: New SFI Total Project Cost:	0
Description of Proposed Work: 1700	
Total Project Cost:	
	ermit Information
enace ()	Stories
Heated SFSlab()	Acres Disturbed 919 - 369 - 4345 ceil
Unheated SF Slab () Sher-Loch Homes DN, Inc. Sher-Loch Sompany Name	Telephone
Building Contractor's Company Name	ed 1035
4805 Christian Chaper Charles	License #
Address New Hill INC	
Unheated SF Slab () Sher-Loch Homes DM, Inc Building Contractor's Company Name 4805 Christian Chapel Church Address New HILL, NC 37562 Circular of Officer(s) of Corporation	
Electrical f	Permit Information Electrical Cost \$
Description of Work	Overheard ()
Description of Work TS Pole: Yes () No () Underground () Overhead Committee	Overneard () Amps ad () Service Size:
TS Pole: Yes () No () Underground () Permanent Service: Underground () Overher Permanent Service: Underground () Overher	
Permanent Service: Underground () HOLLY Springs Electrical.	Telephone 9-5p-SFD
Flectrical Contractor's Company	2001
Address Holly Springs, NC 275-10	License #
Address, Augusta	_
Signature of Officer(s) of Corporation	
Signature of Commercial	al Permit Information
Description of Work Type System	Mechanical Cost \$
Number of Units A D	914-329-0686
	Telephone, 8644
Mechanical Contractor's Company Name 343 Ship was h DR Gapner	3/1534
Address A	Ficetize #
Address Suphenson	
Signature of Officer(s) of Corporation	
Dlumbin	g Permit Information
Description of Work	Plumbing Cost \$
Number of Baths	910-467-6361
Gilbert Plumbing	Telephone
Plumbing Contractor's Company Name 1438 Timothy Rd Dunn 28:	License #
Address	LICENSO T
	.
Signature of Officer(s) of Corporation	
Insulat	on Permit Information
Mot Required ()	
Residential (*) Other () Not Required () Eastern Theu lation	Address Telephone
Insulation Contractor's Company Name	Address
insulation Contractor 5 55 mp.	06/0

Sprinkler System Information

Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	
<u>Fire Alar</u>	m System Information
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	
<u>Dr</u>	iveway Access
NC Department of Transportation Driveway Ac	ccess/Permit? Yes No
Plumbing and Mechanical codes, and the information on the above contractors is correct above contractors I certify it is my responsibility of any changes.	make necessary application, that the application is orm to the regulations in the Building, Electrical, Harnett County Zoning Ordinance. I state the ct as known to me and if any changes occur in the ity to notify the Harnett County Inspections Division
Signature of Owner/Contractor/Officer(s) of Co	rporation Date

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

The undersigned	applicant for Building Permit # being the:
<u> </u>	Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby con performing the v	firm under penalties of perjury that the person(s), firm(s) or corporation(s) work set forth in the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
<u></u>	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.
Permitting Dep compensation in from any person	on the project for which this permit is sought it is understood that the Central artment issuing the permit may require certificates of coverage of worker's assurance prior to issuance of the permit and at any time during the permitted work in, firm or corporation carrying out the work.
Firm Name:	Sher-Loch Homes DM Inc
By/Title:	Sher-Loch Homes DM Inc
Date: 2	



Job Name KMBC Custim Home

IS THE BOX #

Date: 2-8-08

Required Inspections for SFA/SFD

Appl. # 0 750018945 Valuation # 130,008 Sq. Feet 2001

Sequence

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