

\* 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 # 08500 20147

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

**Application for Residential Building and Trades Permit**

Owner's Name: Sher-Loch Homes DM Inc Date: 5-22-08

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to job site from Lillington: 401 N RT Ballard Rd Rt into Sub division

Subdivision: River Stone Lot: 5

Description of Proposed Work: SFD #Bedrooms: 3

Heated SF 1502 Unheated SF 0 Finished Rec Room? NO Crawl Space  Slab ( )

**General Contractor Information**

Sher-Loch Homes DM Inc 919-777-0666  
Building Contractor's Company Name Telephone

4805 Christian Chapel Rd New Hill NC 27562 61035  
Address License #

Daniel Welch  
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Service Size: 200 Amps TPole  no

Holly Springs Electrical 919-552-3640  
Electrical Contractor's Company Name Telephone

2000 Buckhorn Duncen Rd 20119-SP-SFD  
Address Holly Springs NC 27540 License #

Thomas Casanova  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work Stephenson Heating & Air Cond

Stephenson Heating & Air Cond Inc 919-329-0686  
Mechanical Contractor's Company Name Telephone

343 Shipwash Dr, Garner NC 27529 18644  
Address License #

Tony Stephenson  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ # Baths 2

Gilbert Plumbing Co. 910-467-6361  
Plumbing Contractor's Company Name Telephone

1638 Timothy Rd Dunn NC 28334 10929  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

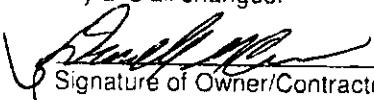
Protective Insulation 919-269-8686  
Insulation Contractor's Company Name & Address Telephone

### 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.

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

5-23-08  
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: Sher-Lock Homes DM Inc

Sign w/Title: David M. Bea President    Date: 12-28-07

