

SCANNED  
7/9/08  
DATE

**Application for Building and Trade Permit**

Owner's Name: Don Marsh Date: 6-17-08  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Directions to job site: 401 N R on Ballard Rd RT into Sub

Subdivision: Riverstone Lot: \_\_\_\_\_  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other  
Description of Proposed Work: New SFP  
Total Project Cost: 130,000

**Building Permit Information**

Heated SF 1553 Crawl Space ( ) Building Construction Cost \$ 110,000  
Unheated SF \_\_\_\_\_ Slab ( ) Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_  
Sher-Loch Homes DM, Inc Telephone 919-369-4345 cell  
Building Contractor's Company Name License # 1035  
4805 Christian Chapel Church Rd  
Address New Hill, NC 27562  
Don Marsh  
Signature of Officer(s) of Corporation

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ 6000  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps  
Holly Springs Electrical Telephone 919-552-3640  
Electrical Contractor's Company Name License # 20019-SP-SFD  
8000 Buckhorn Duncan Rd  
Address Holly Springs, NC 27540  
Gregory  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_ Mechanical Cost \$ 5400  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Telephone 919-329-0686  
Stephens Heating & Air License # 18644  
Mechanical Contractor's Company Name  
343 Shipwash DR Garner 27529  
Address  
Tom Stephens  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ Plumbing Cost \$ 4800  
Number of Baths 2 Telephone 910-467-6361  
Gilbert Plumbing License # 10929  
Plumbing Contractor's Company Name  
1638 Timothy Rd Dunn 28334  
Address  
Bill  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Residential  Other ( ) Not Required ( )  
Eastern Insulation Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Insulation Contractor's Company Name

**Sprinkler System Information**

<u>Sprinkler Contractor's Company Name</u>	<u>Telephone</u>
<u>Contact Person</u>	
<u>Address</u>	<u>License #</u>
<u>Signature of Officer(s) of Corporation</u>	

**Fire Alarm System Information**

<u>Fire Alarm Contractor's Company Name</u>	<u>Telephone</u>
<u>Contact Person</u>	
<u>Address</u>	<u>License #</u>
<u>Signature of Officer(s) of Corporation</u>	

**Driveway Access**

NC Department of Transportation Driveway Access/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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

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

6-17-08  
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**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- 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: Sher-Loch Homes DM Inc.

By/Title: 

Date: 7-7-08

Crawl

Scanned  
1305

Plan Box Number G3

Job Name Sherlock Homes

Date: 7-2-88

Required Inspections for SFA/SFD

Appl. # 08-50020334  
Valuation 128448  
Sq. Feet 1977

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R* Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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