

\* 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 # 21000  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

Owner's Name: Sher-Lock Homes DM Inc Date: 9-25-08  
Site Address: \_\_\_\_\_ Phone: 919-369-4345  
Directions to job site from Lillington: 401 N Rt on Ballard Rd  
Rt into 546

Subdivision: River Stone Lot: 13  
Description of Proposed Work: New SFD #Bedrooms: 3  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space ( ) Slab ( )

**General Contractor Information**

Sher-Lock Homes DM 919-369-4345  
Building Contractor's Company Name Telephone  
4805 Christian Chapel Rd C1035  
Address License #

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

**Electrical Permit Information**

Description of Work New SFD Service Size: 200 Amps TPole: yes no  
Holly Springs Electrical 919-552-3640  
Electrical Contractor's Company Name Telephone  
2000 Buckhorn Duncen Rd Holly Springs NC 20119-SP-SF-D  
Address License #  
Thomas Seagrover  
Signature of Officer(s) of Corporation

**Mechanical/HVAC Permit Information**

Description of Work New SFD  
Stephenson Heating & Air 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 New SFD # Baths 2  
Gilbert Plumbing 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**

Eastern Insulation  
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.

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

*Daniel G. ...*  
Signature of Owner/Contractor/Officer(s) of Corporation

11-7-08  
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-Loch Homes DM Inc

Sign w/Title: *Daniel G. ...*    Date: 9-25-08

CRAWL  
GARAGE

Plan Box Number G-7

Job Name SHERLOCK

Date: 9-29-08

Required Inspections for SFA/SFD

Appl. # 0850021000  
Valuation #126,824  
Sq. Feet 1952

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 checked="" type="checkbox"/> | Open Floor                  |
| 30-999 | <input type="checkbox"/>            | R* Bldg. Slab Insp.         |
| 30-999 | <input type="checkbox"/>            | R* Elec. Under Slab         |
| 30-999 | <input type="checkbox"/>            | R* Plumb. Under Slab        |
| 40     | <input checked="" type="checkbox"/> | Four Trade Rough In         |
| 40     | <input 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 checked="" type="checkbox"/> | Four Trade Final            |
| 60     | <input 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    |

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Application # 0850021000  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
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**Application for Residential Building and Trades Permit**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Directions to job site from Lillington: \_\_\_\_\_

\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: 13

Description of Proposed Work: \_\_\_\_\_ #Bedrooms: \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space ( ) Slab ( )

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

Must sign & fill out second page

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

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps TPole: yes/no

Lite It up Electric \_\_\_\_\_ 919-669-7209 \_\_\_\_\_

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

1140 NC 55 E Coats \_\_\_\_\_ 24450-4 \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

Walter Paul Maynor Jr \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_

**Mechanical/HVAC Permit Information**

Description of Work \_\_\_\_\_

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_

**Plumbing Permit Information**

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

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_

**Insulation Permit Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

*Cancelled  
12:8.08*

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*Danell M. ...*  
Signature of Owner/Contractor/Officer(s) of Corporation

12-5-08  
Date

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

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General Contractor  Owner  Officer/Agent of the Contractor or Owner

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Company or Name: *Danell M. ... Sher-Lock Homes DM Inc*

Sign w/Title: *Danell M. ...* Date: 12-5-08