

* 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 # 0850021183

Hamett County Central Permitting
PO Box 85 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Sher-Loch Homes DM Inc Date: _____

Site Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ #Bedrooms: _____

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

General Contractor Information

Sher-Loch Homes DM 919-369-4345
Building Contractor's Company Name Telephone

4805 Christian Chapel Rd 61035
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.

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

11-10-08
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: *[Signature]* Date: 9-25-08

Plan Box Number G7

Job Name Shelock Homes

Date: 10-30-08

Required Inspections for SFA/SFD

Appl. # 08-50021183

Valuation 132,217

Sq. Feet 2,035

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

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or licensed contractor. Address, company
name & phone must match information on
license.

Application # 21183
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: _____ Date: _____

Site Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: 18

Description of Proposed Work: _____ #Bedrooms: _____

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

*Willed
12-8-08*

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ License # 24450-L

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 55E Coats NC 27521 _____ 24450 _____
Address License #

Andrie Paul Maynor _____
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 _____

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Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

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Tom M. A. C.

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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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.

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Company or Name: *Sher-Lock Homes DM Inc*

Sign w/Title: *Tom M. A. C. Pres*

Date: 12-5-08