* 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.

850021183

Application # // /
Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.harnett.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 Ro General Contractor In	<u>formation</u>
Sher-Loch Homes DM 91 Building Contractor's Company Name Tele	9-369-4345
4805 Christian Chapel Rd	
Address	
Signature of Owner/Contractor/Officer(s) of Corporation	sign & fill out second page
Description of Work New 5 PD <u>Electrical Permit Info</u>	: 200 Amps TPole: yes/no
Holly Springs Electrical 919 Electrical Contractor's Company Name Telep	9-552-3640 phone
2006 Buckhorn Duncan Rd Holly Spri	ngs V C 20119-5p-5F-D License #
Thomas Seamover	
Signature of Officer(s) of Corporation	
Mechanical/HVAC Permit	Information
Description of Work New SFD	
Stephenson Heating + Air Mechanical Contractor's Company Name 343 Ship wash Dr Garner IVC 27529	719-329-0686 Talanhara
Put China and Dr. Garage MC 3.75.5	Telephone プンプロリ
Address	license #
Jone Stephens of Signature of Officer(s) of Corporation	Erodrido #
	rmation
Description of Work New 5 FP	# Baths 2
Gilbert Plumbins	# Baths 2 910-467-6361 Telephone
Gilbert Plumbing Plumbing Contractor's Company Name	Telephone
Address_	10929 License #
Address	License #
Signature of Officer(s) of Corporation	
signature of Officer(s) of Corporation Insulation Permit Infor	mation
Fastern Insulation	
nsulation Contractor's Company Name & Address	Telephone

Homeowners Applying to Build Their O Please answer the following questions then see a Permit Technician to determine if you questionnaire per G.S. 87-14 Regulations as to Issue of Building Permit Technician to determine if you questionnaire per G.S. 87-14 Regulations as to Issue of Building Permit Technician to determine in your questionnaire per G.S. 87-14 Regulations as to Issue of Building Permit Technician to determine in your questionnaire per G.S. 87-14 Regulations as to Issue of Building Permit Technician to determine in your questionnaire per G.S. 87-14 Regulations as to Issue of Building Permit Technician to determine in your questionnaire per G.S. 87-14 Regulations as to Issue of Building Permit Technician to determine in your questionnaire per G.S. 87-14 Regulations as to Issue of Building Permit Technician to determine in your questionnaire per G.S. 87-14 Regulations as to Issue of Building Permit Technician to Issue of Building Technican to Issue of Building Techn	ualify for permit under Owners Exemption.
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 project?	manage construction of theyesno
3. Do you intend to directly control & supervise construction activities	es? yes no
4. Do you intend to schedule, contract, or directly pay for all phases done?	of construction work to be yes no
5. Do you intend to personally occupy the building for at least 12 completion of construction and do you understand that if you do not presumption under law that you fraudulently secured the permit?	do so, it creates the
	yes no
I hereby certify that I have the authority to make necessary application, the and that the construction will conform to the regulations in the Building Mechanical codes, and the Harnett County Zoning Ordinance. I state the contractors is correct as known to me and if <u>any</u> changes occur including number of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 is as per current fee schedule.	g, Electrical, Plumbing and e information on the above listed contractors, site plan, if changes or proposed use at Permitting Department of
Signature of Owner/Contractor/Officer(s) of Corporation Date	-08
Signature of Owner/Contractor/Officer(s) of Cornoration Date	
Signature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C. The undersigned applicant being the:	
Affidavit for Worker's Compensation N.C.	.G.S. 87-14
Affidavit for Worker's Compensation N.C. The undersigned applicant being the:	.G.S. 87-14 ne Contractor or Owner
Affidavit for Worker's Compensation N.C. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit: Has three (3) or more employees and has obtained workers' compensation N.C.	ne Contractor or Owner orporation(s) performing the work insurance to cover them.
Affidavit for Worker's Compensation N.C. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or caset forth in the permit:	ne Contractor or Owner orporation(s) performing the work insurance to cover them.
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Affidavit for Worker's Compensation N.C. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit: Has three (3) or more employees and has obtained workers' comperting them. Has one (1) or more subcontractors(s) and has obtained workers' continem. Has one (1) or more subcontractors(s) who has their own policy of we 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 to be partment issuing the permit may require certificates of coverage of worker to issuance of the permit and at any time during the permitted work from any	ine Contractor or Owner corporation(s) performing the work insation insurance to cover them. Impensation insurance to cover corkers' compensation insurance that the Central Permitting r's compensation insurance prior or person, firm or corporation

Plan Box Number 67

Job Name Shalock Homes

Date: 10-30-08

Required Inspections for SFA/SFD

Appl. # 08-50021183 Valuation 132217 Sq. Feet 2035

Sequence

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

* Each section below to be filled out by whomever performing work. Must be owner incensed contractor. Address, company name & phone must match information on license.

Application # ________

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

Site Address: Directions to job site from Lillington: Description of Proposed Work: Heated SF Unheated SF Finished Rec Room? General Contractor Information Building Contractor's Company Name Telephone License # Must sign & fill out second page Electrical Permit Information Description of Work Service Size: Amps TPole: yes/no 114 D WC 55E (and 5 W 1752) License # Mechanical Contractor's Company Name Telephone Nechanical Contractor's Company Name Telephone License # Mechanical Contractor's Company Name Telephone Address License # License # Description of Work Mechanical Contractor's Company Name Telephone Address License #	Application for Residential Building	and Trades Permit
Site Address: Directions to job site from Lillington: Description of Proposed Work: Heated SF Unheated SF Finished Rec Room? General Contractor Information Building Contractor's Company Name Telephone License # Must sign & fill out second page Electrical Permit Information Description of Work Service Size: Amps TPole: yes/no 114 D WC 55E (and 5 W 1752) License # Mechanical Contractor's Company Name Telephone Nechanical Contractor's Company Name Telephone License # Mechanical Contractor's Company Name Telephone Address License # License # Description of Work Mechanical Contractor's Company Name Telephone Address License #	Owner's Name:	Date:
Directions to job site from Lillington: Lot:		Phone:
Subdivision:		
Address Signature of Owner/Contractor/Officer(s) of Corporation Description of Work Service Size: Amps TPole: yes/no Service Size: Amps TPole: yes/no 1140 NC 55E Coats NC 17521 Address Signature of Officer(s) of Corporation Description of Work Mechanical Contractor's Company Name Address Signature of Officer(s) of Corporation Description of Work Mechanical Contractor's Company Name Telephone License # Description of Work Mechanical Contractor's Company Name Telephone Address License # Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work # Baths Telephone Address License #		
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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 19 109 7309 Telephone 140 WC 55E Coats Address Address 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 Flumbing Contractor's Company Name Telephone Address License # License # License # License # License #		7 4 43 0 -L
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Mechanical/HVAC Permit Information 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	Hudre Paul Marront	License #
Mechanical Contractor's Company Name Telephone Address License # Signature of Officer(s) of Corporation Description of Work # Baths Plumbing Contractor's Company Name Telephone Address License # Signature of Officer(s) of Corporation Insulation Permit Information	Signature of Officer(s) of Comporation Mechanical/HVAC Permit In	iformation
Mechanical Contractor's Company Name Telephone License # Signature of Officer(s) of Corporation Description of Work # Baths Plumbing Contractor's Company Name Address License # Signature of Officer(s) of Corporation Insulation Permit Information		
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Signature of Officer(s) of Corporation Insulation Permit Information	Address	License #
Insulation Permit Information		
Insulation Permit Information	Signature of Officer(s) of Corporation	
Insulation Contractor's Company Name & Address Telephone		nation
Insulation Contractor's Company Name & Address Telephone		
	Insulation Contractor's Company Name & Address	Telephone
		`

	4.1 A 1.7 A MA 14.1 MP 1.7 A 1.4
	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)
	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?
	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? 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 <u>any</u> 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 of Owner(Contractor/Officer(s) of Corporation Date
	Signature of Owner/Contractor/Officer(s) of Corporation Date
	Affidavit for Worker's Compensation N.C.G.S. 87-14
	The undersigned applicant being the:
	The undersigned applicant being the:
	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
	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:
	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
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