

Cancelled  
11-12-09

\* 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 # 095 0023172

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: Jonathan Turlington Date: 11/6/09  
Site Address: Mclamb Rd Coats 27521 Phone: (910) 890 6743  
Directions to job site from Lillington: Take 421 toward Erwin. Left on old stage across from airport. Turn right on 27 at stop sign towards Coats. Turn right on Mclamb road. Across from 580 Mclamb road

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Build Home #Bedrooms: 4  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space (w/ Slab) \_\_\_\_\_

**General Contractor Information**  
Lackridge Home Products LLC 919-455-1222  
Building Contractor's Company Name Telephone  
1207 Rosemeath Rd Richmond VA 23230 68052  
Address License #

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

**Electrical Permit Information**  
Description of Work New Residential Service Size: \_\_\_\_\_ Amps TPole: yes/no  
Leans Electrical Service 919-577-7859  
Electrical Contractor's Company Name Telephone  
149 Allied Drive Garner, NC 27539 28879  
Address License #

Signature of Officer(s) of Corporation

**Mechanical Permit Information**  
Description of Work New Residential  
Stecherion Heating & Air 919-329-0887  
Mechanical Contractor's Company Name Telephone  
348 Shawnee Dr Garner, NC 27539 18644  
Address License #

Signature of Officer(s) of Corporation

**Plumbing Permit Information**  
Description of Work New Residential # Baths \_\_\_\_\_  
KID White Plumbing 919-477-6869  
Plumbing Contractor's Company Name Telephone  
310 Broadwell Dr Youngsville, NC 6941  
Address License #

Signature of Officer(s) of Corporation

**Insulation Permit Information**  
Eastek Insulating Co. PO Box 15400  
Insulation Contractor's Company Name Address Telephone  
Ducham, NC 27704  
919.688.6333

NC active but  
2/28/10  
2/28/10  
would

12-31-09

12-31-09

lll  
①

Application # 0950023172

### 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.

Jonette Lee Turgett  
Signature of Owner/Contractor/Officer(s) of Corporation

11/9/09  
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.

Jonette Lee Turgett

11/9/09

09-50023172



# CERTIFICATE OF LIABILITY INSURANCE

OP ID 88  
KEYST-1

DATE (MM/DD/YYYY)

11/20/09

<b>PRODUCER</b> AC&S Financial Services, Inc. 7615 Staples Mill Road Richmond VA 23228 Phone: 804-261-9800		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
<b>INSURED</b> Lockridge Homes, LLC 1207 Roseneath Road #200 Richmond VA 23230		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Ohio Casualty Insurance Compan	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CBP9300401	04/01/09	04/01/10	EACH OCCURRENCE	\$ 1000000	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000	
						MED EXP (Any one person)	\$ 5000	
						PERSONAL & ADV INJURY	\$ 1000000	
						GENERAL AGGREGATE	\$ 2000000	
						PRODUCTS - COMP/OP AGG	\$ 2000000	
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECEIVED</b>            NOV 25 2009            By <i>djohnson</i> </div>			COMBINED SINGLE LIMIT (Ea accident)	\$	
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							AUTO ONLY - EA ACCIDENT	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$	
						AGG	\$	
A		<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	CU9301001	04/01/09	04/01/10	EACH OCCURRENCE	\$ 2000000	
						AGGREGATE	\$ 2000000	
							\$	
							\$	
							\$	
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>	WC8462595	04/01/09	04/01/10	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER		
						E. L. EACH ACCIDENT	\$ 500000	
						E. L. DISEASE - EA EMPLOYEE	\$ 500000	
						E. L. DISEASE - POLICY LIMIT	\$ 500000	
A		<b>Property</b> <b>Builders Risk</b>	CBP9300401 IM8365719	04/01/09 12/31/08	04/01/10 12/31/09	B-Risk-Sgle Loc	\$500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b> Lockridge Homes, LLC & The State of NC 1207 Roseneath Rd. Richmond VA 23230	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT <del>NEITHER PARTY</del> SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE AC&S Financial Services, Inc.
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Lockridge Homes - Tirlington

application # 09-500-23172

Insulation Co.

Eastern Insulation Co. Inc.  
P.O. Box 15400  
Durham, NC 27704

Phone 919-688-6333

Tax Id # 593214406.

Lockridge Homes pre-Construction  
Counselor will contact you tomorrow.  
Thank you



CRAWL

Plan Box Number FILE

Job Name JONATHAN TURBINE

Date: 11-3-09

Required Inspections for SFA/SFD

Appl. # 0950023172  
Valuation \$153,722  
Sq. Feet 2366

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input type="checkbox"/>	R* Building Foundation
20	<input 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

CRAWL

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60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
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60	<input type="checkbox"/>	One Trade Final
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999	<input checked="" type="checkbox"/>	Envir. Operations Permit