

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7825 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out  
by whomever performing work  
Must be owner or licensed  
contractor Address company  
name & phone must match

**Application for Residential Building and Trades Permit**

Owner's Name Leon Dockery Date 1-13-14  
Site Address 26 Dockery Lane Phone 1-910-642-0029  
Directions to job site from Lillington 29 to Johnsonville -> Left on 24 to  
marks Road -> Left on marks Road to West Road -> Right  
on west road to Dockery Lane  
Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Owner Leon Dockery Telephone 910-642-0029  
Building Contractor's Company Name \_\_\_\_\_  
497 Ramsey Ford Rd Making, N.C. Email Address leon@webtrak.net  
Address \_\_\_\_\_

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

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Owner Leon Dockery Telephone 910-642-0029  
Electrical Contractor's Company Name \_\_\_\_\_  
497 Ramsey Ford Road Making, N.C. Email Address leon@webtrak.net  
Address \_\_\_\_\_

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

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Owner Leon Dockery Telephone 910-642-0029  
Mechanical Contractor's Company Name \_\_\_\_\_  
497 Ramsey Ford Road, Making, N.C. Email Address leon@webtrak.net  
Address \_\_\_\_\_

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

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Owner Leon Dockery Telephone 910-642-0029  
Plumbing Contractor's Company Name \_\_\_\_\_  
497 Ramsey Ford Road Making, N.C. Email Address leon@webtrak.net  
Address \_\_\_\_\_

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

**Insulation Contractor Information**

Owner Leon Dockery Telephone 910-642-0029  
Insulation Contractor's Company Name & Address \_\_\_\_\_

\*NOTE General Contractor must fill out and sign the second page of this application

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 that by signing below I have obtained all subcontractors permission to obtain these permits 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

*Sean Dadey*  
Signature of Owner/Contractor/Officer(s) of Corporation

1-13-14  
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 \_\_\_\_\_

Sign w/Title \_\_\_\_\_

Date 1-13-14

HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793  
Bldg Insp scheduled before 2pm available next business day.

Application Number . . . . . 10-50025003 Date 1/13/14  
Property Address . . . . . 759 WEST RD  
PARCEL NUMBER . . . . . 09-9574- - -0011- -01-  
Tenant nbr, name . . . . . ON HD NEED LIEN INFO  
Application type description CP NEW RESIDENTIAL (SFD)  
Subdivision Name . . . . . ALGIE BROWER DOCKERY HEIRS  
Property Zoning . . . . . PENDING

Owner Contractor

DOCKERY LEON OWNER  
497 RAMSEY FORD RD  
NAKINA NC 28455  
(910) 642-3835

Applicant

DOCKERY LEON  
497 RAMSEY FORD RD  
NAKINA NC 28455  
(910) 642-3835

--- Structure Information 000 000 43.6X24 2BDR CRAWL NO GARAGE  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 2000000.00  
PROPOSED USE SFD  
SEPTIC - EXISTING? NEW  
WATER SUPPLY COUNTY

Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1010206  
Issue Date . . . . . 1/13/14 Valuation . . . . . 0  
Expiration Date . . . . . 1/13/15

Special Notes and Comments  
T/S: 08/09/2010 10:08 AM JBROCK ----  
HWY 27 TO HWY 24 TURN LEFT ON 24 GO  
ABOUT 5 MILES MAKE A RIGHT ON MARKS RD  
GO ABOUT 5 MILES TO WEST RD PROPERTY A  
DISTANCE OF ABOUT 1 MILE ON THE RIGHT  
XX  
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB  
INSULATION AND LAND USE.  
XX  
Work must conform and comply with the  
STATE BUILDING CODE and all other State  
and local laws, ordinances & regulations

HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793  
Bldg Insp scheduled before 2pm available next business day.

Application Number . . . . . 10-50025003 Page 2  
Property Address . . . . . 759 WEST RD Date 1/13/14  
PARCEL NUMBER . . . . . 09-9574- - -0011- -01-  
Tenant nbr, name . . . . . ON HD NEED LIEN INFO  
Application description . . . CP NEW RESIDENTIAL (SFD)  
Subdivision Name . . . . . ALGIE BROWER DOCKERY HEIRS  
Property Zoning . . . . . PENDING

Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . . .  
Phone Access Code . . . 1010206

Required Inspections

| Seq    | Phone Insp# | Insp Code | Description                    | Initials | Date        |
|--------|-------------|-----------|--------------------------------|----------|-------------|
| 10     | 101         | B101      | R*BLDG FOOTING / TEMP SVC POLE | _____    | ___/___/___ |
| 20     | 103         | B103      | R*BLDG FOUND & TEMP SVC POLE   | _____    | ___/___/___ |
| 20-30  | 814         | A814      | ADDRESS CONFIRMATION           | _____    | ___/___/___ |
| 30-999 | 105         | B105      | R*OPEN FLOOR                   | _____    | ___/___/___ |
| 40-50  | 129         | I129      | R*INSULATION INSPECTION        | _____    | ___/___/___ |
| 40-60  | 425         | R425      | FOUR TRADE ROUGH IN            | _____    | ___/___/___ |
| 40-60  | 125         | R125      | ONE TRADE ROUGH IN             | _____    | ___/___/___ |
| 40-60  | 325         | R325      | THREE TRADE ROUGH IN           | _____    | ___/___/___ |
| 40-60  | 225         | R225      | TWO TRADE ROUGH IN             | _____    | ___/___/___ |
| 50-60  | 429         | R429      | FOUR TRADE FINAL               | _____    | ___/___/___ |
| 50-60  | 131         | R131      | ONE TRADE FINAL                | _____    | ___/___/___ |
| 50-60  | 329         | R329      | THREE TRADE FINAL              | _____    | ___/___/___ |
| 50-60  | 229         | R229      | TWO TRADE FINAL                | _____    | ___/___/___ |
| 999    |             | H824      | ENVIR. OPERATIONS PERMIT       | _____    | ___/___/___ |

**Harnett County Central Permitting**  
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits  
**Certification of Work Performed By Owner/Contractor**  
(Individual Trade Application)

Owner (s) of Structure: Leon Dockery Phone: 910.840.9455

Owner (s) Mailing Address: 497 Ramsey Ford Rd.  
Nakma NC

Land Owner Name (s): Leon Dockery Phone: \_\_\_\_\_

Construction or Site Address: 759 West Road Cameron

PIN # \_\_\_\_\_ Parcel # 09-9574-0011-01

Job Cost: #4K Description of Work to be done Rough wire cottage, service, etc.

Mechanical: New Unit With Ductwork  New Unit Without Ductwork  Gas Piping  Other

Electrical\*: 200 Amp  <200 Amp  Service Change  Service Reconnect  Other   
\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap  Number of Baths  Water Heater

Specific Directions to Job from Lillington: I don't know. Google map it

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I, Charles J. Siffer will provide the electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is \_\_\_\_\_, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

C.J.S electrical Co.  
Contractor's Company Name

1011 S. 3rd St. Sanford NC  
Address

23795  
License #

919 774 3050  
Telephone

cjs electric @ windstream  
Email Address .net

Structure Owner / Contractor Signature: Charles J. Siffer Date: 4/18/17

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

\*Company name, address, & phone must match information on license

North Carolina Plumbing and Heating Board

North Carolina State Board of Examiners of Plumbing, Heating and Fire Sprinkler Contractors

1050025003

**Lookup Detail View**

**Contact**

| Name                | Individual Qualification(s) | Firm Qualification(s)   | Business Address  | Phone          | Fax            |
|---------------------|-----------------------------|---|---|----------------|----------------|
| Michael David Smith | Heating Group 3 - Class I   | Heating Group 1 - Class I<br>Heating Group 2<br>Heating Group 3 - Class I<br>Plumbing Class I | American Residential Services L.L.C. (dba) ARS<br>517 Pylon Dr<br>Raleigh, NC 27606 | (919) 865-7777 | (919) 832-7090 |

**Registration Information**

| License Number | License Expires On |
|----------------|--------------------|
| 23253          | 12/31/2017         |

**Sublicensees**

| Sublicensees            | Endorsements                                  |
|-------------------------|---|
| Brown, Charles Joseph   | Plumbing Class I                              |
| Dobucki, Walter D.      | Plumbing Class I<br>Plumbing Class II         |
| Forbes, Dean Kenneth    | Heating Group 3 - Class I                     |
| Hayes, Joseph Edward    | Heating Group 1 - Class I<br>Plumbing Class I |
| Maurais, Laurier Joseph | Plumbing Class I                              |
| Sanders, Benjamin Lee   | Plumbing Class I                              |
| Snuffer, Thomas Andrew  | Heating Group 3 - Class I                     |
| Thomas, Mark Stephen    | Heating Group 2<br>Heating Group 3 - Class I  |
| Watson, Lelia Brent     | Heating Group 3 - Class I                     |

**Continuing Education**

| Course Number | Course Name | CE Hours | Course Date | Credit Year |
|---------------|-------------|----------|-------------|-------------|
|               |             |          |             |             |

Generated on: 6/20/2017 3:11:43 PM

Customer added this contractor 6/20/17

