

Application # BRES 1812-0002

* 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! 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

on,on,license!	
Owner's Name: Signature Home Builders	Date: _/~Z ~/9
Owner's Name: Signature Home Builders Site Address: ++ Castello Ct. Angier NC	Phone: <u>910-89z-9z9</u> 9/
Subdivision: <u>DeLillian</u> Estates	Lot:
Description of Proposed Work: New Construction	.
General Contractor Information	1
Signature Home Builders Building Contractor's Company Name 1209 N. Main St. Lillington NC 27546 Address	910-892-9299
Building Contractor's Company Name	Telephone
1209 N. Main St. Willington NC 27546	isherrod, shop amail. (on
Address	Email Address
<u>4943</u> License #	
Description of Work <u>Electrical Contractor Informatio</u> Service Size:	n On a Amps T Polo: DVos DNo
Description of work	
Buford Glectric Electrical Contractor's Company Name	916-923-1937 Telephone
	releptione
Address Pan Dn Hope Mills NC	Email Address
	Lijiali Address
31424 License #	
Mechanical/HVAC Contractor Inform	nation
Description of Mark Addison 14VAC	
Mechanical Contractor's Company Name	9/0-002-8827
Mechanical Contractor's Company Name	<u>9/0-892-8827</u> Telephone
1001 Denin Dr. Erwin NC 28338	raiopriorio
Address	Email Address
28699	Email / Kadi Goo
License #	
Plumbing Contractor Information	
Description of Work Plumbing	# Baths 25
L.R. Clover Plumbing	#Baths <u>25</u> 919-820-0026
Plumbing Contractor's Company Name	Telephone
P.O. Box 764 Benson NC 27504	•
Address	Email Address
79 <i>58</i>	
License #	
Insulation Contractor Information	<u> </u>
Cumberland Unsulation	910 - 484-7118
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner 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.

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

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.	
Sign w/Title: Christon D. S. Projet Marga Date: 1-2-19	

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 971350

Filed on: 01/02/2019

Initially filed by: larrydaughtry02152

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 /

Ratelgh, NC 27601

Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com

Project Property

Lot 5 DeLillian Estates 14 Castello Ct. Angier , NC 27501 Harnett County

Property Type

1-2 Family Dwelling

01/21/2019

Date of First Furnishing

Owner Information

Signature Home Builders 1209 N. Main St. Lillington, NC 27546 United States

Email: csherrod.shb@gmail.com

Phone: 910-892-9299

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:
Scan this image with your smart
phone to view this filing. You can then
file a Notice to Lien Agent for this
project.

View Comments (0)

Technical Support Hotline: (888) 690-7384