



Application # \_\_\_\_\_

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546  
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: RANDALL W. SMITH JR. / PARADISE HOMES Date 1/27  
Site Address: 362C W MATTHEWS RD, FUGWAY Phone 919-369-2169  
Subdivision: \_\_\_\_\_ Lot 919-284-5206  
Description of Proposed Work: NEW MODULAR HOME Total Job Cost #239,000 -

**General Contractor Information**

BOND MODULAR / PARADISE HOMES 919-284-5206  
Building Contractor's Company Name Telephone  
8087 NC HWY 222 W. KENLY NC 27542 NVRWRNG18@NETZERO.COM  
Address Email Address  
5735 HEATED SQ FT 2305 GARAGE SQ FT  
License #

**Electrical Contractor Information**

Description of Work ALL ELECTRICAL HOOKUPS Service Size: 200 Amps T-Pole:  Yes  No  
WOOD SERVICE PROF / DONALD HEATH COATES (919) 795-2926  
Electrical Contractor's Company Name Telephone  
950 OLD MOORE RD, SELMA 27576  
Address Email Address  
24518-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work WALL HVAC SERVICES INSTALL HEAT PUMP + ALL HVAC CONNECTIONS  
WALL HVAC SERVICES 919-501-3166  
Mechanical Contractor's Company Name Telephone  
3279 BAY VALLEY ROAD, KENLY 27542  
Address Email Address  
9610  
License #

**Plumbing Contractor Information**

Description of Work PARADISE HOMES ALL PLUMBING HOOKUPS # Baths 3  
PARADISE HOMES 919-284-5206  
Plumbing Contractor's Company Name Telephone  
8087 NC HWY 222 W, KENLY 27542  
Address Email Address  
3099 I  
License #

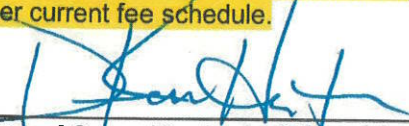
**Insulation Contractor Information**

JIA  
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

1-27-22  
\_\_\_\_\_  
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.

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

Date: 1-27-22

DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 1621719

Filed on: 01/27/2022

Initially filed by: ParadiseHomes

### Designated Lien Agent

Investors Title Insurance Company

**Online:** [www.itiensnc.com](http://www.itiensnc.com) (<http://www.itiensnc.com>)

**Address:** 223 S. West Street, Suite 900 /  
Raleigh, NC 27603

**Phone:** 888-690-7384

**Fax:** 913-489-5231

**Email:** [support@itiensnc.com](mailto:support@itiensnc.com) (<mailto:support@itiensnc.com>)

### Owner Information

Randall W Smith Jr and Paradise Homes  
8087 NC Highway 222 W  
Kenly, NC 27542  
United States  
Email: [nvrwmg78@netzero.com](mailto:nvrwmg78@netzero.com)  
Phone: 919-284-5206

### Project Property

Deed Book 886 Pages 81-82 Harnett County  
Registry  
362 C.W. Matthews Road  
Fuquay, NC 27526  
Harnett County

### Property Type

1-2 Family Dwelling

### Date of First Furnishing

01/27/2022

### 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