* 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.

ection below to be filled out by er performing work. Must be owner ed contractor. Address, company phone must match information on	Harnett County Central PO Box 65 Lillington, NO Phone 910-893-7525 Fax 910-893-2	C 27546) 25 003.	<u>810</u> nocl 813
Owner's Name: Mark & Site Address: Daphine	ication for Residential Buildin Audrey Pendergrafi e Rd Fagnay Vaina NC	ng and Trades Permit Date: 5/ Phone: 9/9-563	3-0356	Det. Geneeze
Directions to job site from Lilling	gton: <u>Sec attachedshu</u>	vt		
Subdivision: <u>Captains</u> Description of Proposed Work:	Landing 20x52 off ameMad 355 & 76 Finished Rec Ro		/	,
	General Contractor Int	formation	Space 🗹 Slab ()
Building Contractor's Company 3300 Jefferson [phone 42	3964	
Address		Lice sign & fill out second page	ense #	
Description of Work Lovaling Nir Heating + 1 Electrical Contractor's Compan 3 700 Hwy 15/501 Address	Electrical Permit Info	Amps TPole: y		
Signature of Officer(s) of Corpo	ration Mechanical Permit Info	ormation		
Description of Work Coroling Air bleating Mechanical Contractor's Compa 3200 Mwy 15/501 Ca Address	any Name Thay NC 2832?	7/0 - 947 - 77 Telephone 235 Lice	549 ense #	
Signature of Officer(s) of Corpo		ation		
Description of Work Luro ling Air Heatin Plumbing Contractor's Compan 3700 11wy 15/501 (Address	Plumbing Permit Info 27 Cooling Inc. y Name arthage NC 2832		267	
		Lice	nse #	
Signature of Officer(s) of Corpo	ration Insulation Permit Info	rmation		
Insulation Contractor's Compan	y Name & Address	Telepho	one	

Application #

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? 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 <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.								
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								
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:								
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								
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:								
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								
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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.								
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								

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 290120

Filed on: 05/08/2015 Initially filed by: Burtonbr

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com (http://www.liensnc.com)

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

27601

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

Email: support@liensnc.com (mailto:support@liensnc.com)

Owner Information

Mark & Audry Pendergraft 4112 Mebane Oaks Rd

Mebane, NC 27302 USA

Email: none@none.com Phone: 919-563-0356

Project Property

Cust No 9581 PIN: 0613-64-6643.000 Parcel

Number 050613 0086 Dauphine St.

Rockingham, NC 28379

richmond County

Property Type

1-2 Family Dwelling

Date of First Furnishing

05/19/2015

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

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 15-50035810 Property Address 100 DAUPHINE ST Application description . . . CP MODULAR HOME Subdivision Name CAPTAINS LANDING Property Zoning RES/AGRI DIST - RA-30

Required Inspections

Page

Date 5/19/15

	Seq	Phone Insp#	Insp Code	Description	Initials	Date
-						
	Perm	nit type		. LAND USE PERMIT		
	999	818 820	Z818 Z820	PZ*ZONING INSPECTION PZ*ZONING/FINAL INSPECTION		_/_/_
	Perm	nit type		. MODULAR PERMIT		
	10 20 20 30-40 40-50 40-50 40-50 50-60 50-60 50-60	101 103 814 119 425 125 325 225 131 429 329	B101 B103 A814 B119 R425 R125 R325 R225 R131 R429 R329 R229	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*MOD MARRIAGE WALL FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN ONE TRADE FINAL FOUR TRADE FINAL THREE TRADE FINAL THREE TRADE FINAL TWO TRADE FINAL		

H824 ENVIR. OPERATIONS PERMIT

999

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 15-50035810 Date 5/19/15
Property Address 100 DAUPHINE ST
PARCEL NUMBER 05-0613- - -0086- - Application type description CP MODULAR HOME

Subdivision Name CAPTAINS LANDING Property Zoning RES/AGRI DIST - RA-30

Contractor Owner

PENDERGRAFT MARK A & AUDREY

HOMES BY VANDERBUILT

3300 TEFFERSON DAVIS

4112 MEBANE OAKS RD 3300 JEFFERSON DAVIS HWY.
MEBANE NC 27302 SANFORD NC 27330

(919) 774-6319

Applicant ______

PENDERGRAFT MARK AND AUDREY

4112 MEBANE OAKS RD

MEBANE NC 27302

(919) 563-0356

--- Structure Information 000 000 28X52 3 BR MOD OFF FRAME

Flood Zone FLOOD ZONE X

Other struct info # BEDROOMS 3.00

SEPTIC - EXISTING? NEW WATER SUPPLY COUNTY

Permit LAND USE PERMIT

Additional desc . .

Phone Access Code . 1088830
Issue Date . . . 5/19/15 Valuation
Expiration Date . . 11/15/15

Permit MODULAR PERMIT

Additional desc . .

Phone Access Code . 1084359

Issue Date 5/19/15 Expiration Date . . 5/18/16 Valuation 136416

Special Notes and Comments

T/S: 04/01/2015 11:38 AM DJOHNSON --

CAPTIANS LANDING LOT 25

HWY 42 WEST TO DUNCAN TURN LEFT ONTO COKESBURY CONTINUE SOUTH TURN RIGHT ONTO RIVER RD. CONTINUE TO CAPTAINS LANDING TURN RIGHT STAY ON PAVED RD TURN RIGHT ONTO PONCHATRAIN LAND IS AT

THE CORNER OF DAUPHINE.