Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www hamett org/permits

Application # 14500 38929

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

|  | 0.00                                      |  |  |  |
|--|---|--|--|--|
| Owners Name Mchee Homes, LLC   | Date 8-23-1Lo                             |  |  |  |
| Site Address 446 Executive Drive   | Phone 910 475 7100 Ext 727                |  |  |  |
| Directions to job site from Lillington 1-27 to Docs 1  | oad then Right on                         |  |  |  |
| Executive  |   |  |  |  |
|  |   |  |  |  |
| Subdivision Oakmont  | Lot 169                                   |  |  |  |
| Description of Bronneed Work New Construction S  | ingle Family# of Bedrooms                 |  |  |  |
| Heated SF 2927 Unheated SF 1519 Finished Bonus Room? NIA Crawl Space Slab General Contractor Information |   |  |  |  |
| GML Development. Inc   | 910475 7100 Ext 727                       |  |  |  |
| Building Contractor & Company Name   | Talanhana                                 |  |  |  |
| b) Hay Street, Fayetteville, NC 28301  | Jparton@mckeehpmesnc.com                  |  |  |  |
| Address  | Email Address                             |  |  |  |
| 21326-L  |   |  |  |  |
| License #  |   |  |  |  |
| Description of Work Single Family House Service  | Size 200_Amps 1-Pole 2_YesNO              |  |  |  |
| TM. Forme Electric   | <u>414-776-5144</u>                       |  |  |  |
| Flectrical Contractor & Company Name   | inpopeelectric@gnail.com                  |  |  |  |
| 409 Chatham St., Sanford, NC 27330   | Email Address                             |  |  |  |
| Address  | Email Address                             |  |  |  |
| 2 132 le-L   |   |  |  |  |
| License #  Mechanical/HVAC Contractor Information  |   |  |  |  |
| Description of Work Single Family Home   |   |  |  |  |
| Cactified Heatton and Aic  | 910 - 558 - 0000                          |  |  |  |
| Mechanical Contractor s Company Name   | Telephone                                 |  |  |  |
| P.O. Box 1071, Hope Mills, NC 28348  | <u>certified heat air@embargmail. Cor</u> |  |  |  |
| Address  | Email Address                             |  |  |  |
| 20012-H3-1   |   |  |  |  |
| License # Plumbing Contractor Information  |   |  |  |  |
| Description of Work Single Family Home   | # Baths                                   |  |  |  |
| Dell Haire Plumbing  | 910-818-4863                              |  |  |  |
| Plumbing Contractor's Company Name   | Telephone                                 |  |  |  |
| 7412 Documentary Dr. Fayetteville, UC  | dellhair Jumbing @ hotmail. COM           |  |  |  |
| Address 2830   | Email Address 0                           |  |  |  |
| 32886-PI   | <del></del>                               |  |  |  |
| License # Insulation Contractor Information  |   |  |  |  |
| Cumberland Insulation  | 910 484 7118                              |  |  |  |
| Insulation Contractor's Company Name & Address   | Telephone                                 |  |  |  |

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

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 8 87-14 The undersigned applicant being the \_Officer/Agent of the Contractor or Owner X General Contractor \_\_\_\_ 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 Mc Kee Homes 111

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

# LIEN AGENT INFORMATION

# Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

| Name of Lien Agent First American Title Insurance Company |  |  |  |  |  |
|---|--|--|--|--|--|
| Mailing address of Agent 19 W. Hargett Street, Ste. 507   |  |  |  |  |  |
| Raleigh, NC 27601   |  |  |  |  |  |
| Physical address of Agent Same as above                   |  |  |  |  |  |
| Telephone 888-690-7384 Fax 913-489-5231                   |  |  |  |  |  |
| Email Support @ liensnc. Com                              |  |  |  |  |  |

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

"(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued."

www.liensnc.com

# **Details: Appointment of Lien Agent**

Entry #: 480329

Filed on: 06/10/2016 Initially filed by: geoff@mckeehomesnc.com

# Designated Lien Agent

First American Title Insurance Company

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

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

27601

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

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

# Project Property

Lot 159 Oakmont 446 Executive Dr. Lillington, NC

#### Property Type

1-2 Family Dwelling

Date of First Furnishing

# 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.

### Owner Information

McKee Homes, LLC 101 Hay St. Fayetteville, NC 28301 United States

Email: gpotter@mckeehomesnc.com

Phone: 910-475-7100

06/27/2016

View Comments (0)

Technical Support Hotline: (888) 690-7384

8/24/16, 3:31 PM

| Plan Box #  | ile<br>129  | DateObb Name  | 19/19<br>SQ Feet 2927<br>Garage 491  |
|---|---|---|--|
| Inspections for S   | SFD/SFA   |   |  |
| Crawl   | Slab  | Mono  | Basement   |
| Footing Foundation Address Open Floor Rough In Insulation Final                   | Footing Foundation Address Slab Rough In Insulation Final | Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final | Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final |
| Foundation Sur  | vey   | Envir. Health   | Other  |
| Additions / Oth Footing Foundation Slab Mono Open Floor Rough In Insulation Final |   |   |  |