

09/09/11

Application #

41848

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7525 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 Peter and Paula Smith Date 10/12/2017

Site Address 14552 McDougal Rd, Sanford, NC, 27332 Phone 919-498-4448

Directions to job site from Lillington Take Hwy 421 for 1.6 miles to Mcdougal rd., take Mcdougal road for 14.8 miles property is on the right.

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work construction of single family residence # of Bedrooms 3

Heated SF 1919 Unheated SF 112 Finished Bonus Room? yes Crawl Space X Slab \_\_\_\_\_

**General Contractor Information**

ValueBuild Homes 919-777-0393  
Building Contractor s Company Name Telephone  
3015 S. Jefferson Davis HWY, Sanford NC 27332 brian@valuebuildhomes.com  
Address Email Address  
55372  
License #

**Electrical Contractor Information**

Description of Work New SFD electric Service Size 200 Amps T-Pole X Yes \_\_\_ No \_\_\_  
Arguijo Electric LLC 919-264-8287  
Electrical Contractor s Company Name Telephone  
4424 River Edge Dr., Raleigh NC 27604 Arguijo.electric@gmail.com  
Address Email Address  
U.29318  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Loflin HVAC, LLC 919-779-5559  
Mechanical Contractor s Company Name Telephone  
4912 Grasshopper rd., Raleigh, NC 27610 loflinw@earthlink.com  
Address Email Address  
13341  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths 3  
Vance Johnson Plumbing co. 910-424-5391  
Plumbing Contractor s Company Name Telephone  
3242 Mid Pine Rd., Fayetteville, NC 28306  
Address Email Address  
7756  
License #

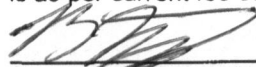
**Insulation Contractor Information**

Insulation Contractor s Company Name & Address Telephone

**\*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



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

10/12/17

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 ValueBuild Homes

Sign w/Title  Starts Coordinator Date 10/12/17



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Pinehurst Insurance 94 Avimore Drive  Pinehurst NC 28374		<b>CONTACT NAME:</b> Melody Goodwin <b>PHONE (A/C, No, Ext):</b> (910) 295-1431 <b>E-MAIL ADDRESS:</b> mcvey1@embarqmail.com <b>FAX (A/C, No):</b> (910) 295-1246	
<b>INSURED</b> LANDMARK HOMES OF PINEHURST INC DBA VALUEBUILD HOMES PO BOX 734 WEST END NC 27376-0734		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> BUILDERS MUT INS CO <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 10844	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP 001967813	06/16/2017	06/16/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCP003423813	06/16/2017	06/16/2018	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Melody A. Goodwin

© 1988-2014 ACORD CORPORATION. All rights reserved.

DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 737295

Filed on: 10/12/2017

Initially filed by: valuebuild

### Designated Lien Agent

Investors Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) (<mailto:info@www.liensnc.com>)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC  
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@licnsnc.com](mailto:support@licnsnc.com) ([realtime-support@licnsnc.com](mailto:realtime-support@licnsnc.com))

### Project Property

14552 McDougal rd  
Sanford, NC 27332  
North Carolina County

### Property Type

1-2 Family Dwelling

### 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

Peter Smith  
14552 McDougal rd  
Sanford, NC 27332  
United States  
Email: [Brian@Valuebuildhomes.com](mailto:Brian@Valuebuildhomes.com)  
Phone: 919-777-0393

### Date of First Furnishing

10/12/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384

DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 737295

Filed on: 10/12/2017

Initially filed by: valuebuild

### Designated Lien Agent

Investors Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) (<mailto:info@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) (<mailto:info@www.liensnc.com>)

### Project Property

14552 Mcdougal rd  
Sanford, NC 27332  
North Carolina County

### Property Type

1-2 Family Dwelling

### 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

Peter Smith  
14552 Mcdougal rd  
Sanford, NC 27332  
United States  
Email: [Brian@Valuebuildhomes.com](mailto:Brian@Valuebuildhomes.com)  
Phone: 919-777-0393

### Date of First Furnishing

10/12/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384