



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**

Kelsey Rivera

Digitally signed by Kelsey Rivera  
Date: 2017.08.29 14:18:10  
+0400

8/29

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

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 McKee Homes, LLC

Sign w/Title Kelsey Rivera Digitally signed by Kelsey Rivera  
Date: 2017.08.29 14:18:29 -0400

Date 8/29/17

**DO NOT REMOVE!**

# Details: Appointment of Lien Agent

Entry #: 712147

Filed on: 08/29/2017

Initially filed by: j buckwalter

## Designated Lien Agent

First American Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) [www.fatmn.com](http://www.fatmn.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) [support@fatmn.com](mailto:support@fatmn.com)

## Project Property

Oakmont Lot 96 Hamett County NC

## 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

McKee Homes, LLC  
109 Hay Street  
Suite 301  
Fayetteville, NC 28301  
United States  
Email: [krivera@mckeehomesnc.com](mailto:krivera@mckeehomesnc.com)  
Phone: 910-475-7100

## Date of First Furnishing

09/11/2017

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**Technical Support Hotline: (888) 690-7384**