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Application #	
17-50042247	

	Harnett County Central Permitting	$\frac{11-4007aa^{-1}}{1}$
Fact and a hole with the filled out	PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett or	o/nemuts
Each section below to be filled out by whomever performing work	310 893 7525 Fax 810 893 \$783 www.tainen.or	<b>C</b> permita
Must be owner or licensed	The second	radan Dermit
contractor Address company name & phone must match	Application for Residential Building and Ti	
		a-27-17
Owners Name 🔬 🏹	nature Home Builders	
Site Address	4006 Old US 421	Phone 910-892-9299
	om Lillington	
Directions to Job and its		
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		0
Subdivision Tokna	than <i>captor</i>	Lot _ <u>B</u>
	we have the start free	# of Bedrooms
Description of 1557	shorted SE 3706 Einshed Bonus Boom?	Crawl Space Slab Stern wall
Heated SF ASS (	General Contractor Information	n
<b>C</b> :		910-992-9299
	Home Duilders	Telephone
Building Contractors	Main St. Lillington NK 27546	
1104 N	Main St. Collegence The offer	Email Address
	÷	
49431		
License #	Electrical Contractor Informatio	n
Description of Work	Electrical Contractor Information	200_Amps T-Pole /_YesNo
Butord	Glachar	910-1723-1937
Electrical Contractor s		Telephone
aug Para	Dr. Hope Mills NC 28348	
Address	LA. Hype This The Above	Email Address
31424 License #	_	
	Mechanical/HVAC Contractor Inform	mation
Description of Work _	Custom Heating & Asc HU	AC
Description of work _		910-892-8827
Marken al Contracto	va Company Name	Telephone
Mechanical Contracto	D. / 1/ 18239	
1001 Denim	Dr. Gewin NC 28339	Email Address
Address		
_12195		
License #	Plumbing Contractor Informati	on
· · · · · · · · · · · · · · · · · · ·		# Baths
Description of Work _	TIUMO~4	Baulo
L.R. Ca	lover lumbing	Telephone
Plumbing Contractor	Diver Plumbing s Company Name NC 27504	Тафила
_ FIL'S DEA	M64 Beason NC 27504	Email Address
Address		CINAII AUUI033
<u>_7958</u>	_	
License #	7 Insulation Contractor Informati	100
<i><i>л</i>,</i>	and forsulation	910-484-1118
Cumberl	and varisulation	Telephone
Insulation Contractor	s Company Name & Address	

\*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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> 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

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

-27-17

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

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 Mon Strend, Aroject Manager
Company or Name Chris Sherved, Project Manager Sign w/Title Christer Project Marager Date 9-22-12

## DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 728213

## Designated Lien Agent

Project Property

Investors Title Insurance Company

Online: <u>www.lipnsuc.com</u> Address: 19 W. Hargett St., State 5077 / Roleigh, NC 276H Phone: KK8-690-7384 Fas: 913-489-5231 Emeil: <u>support.g lienspe.com</u> 4006 Old US 421 Lillington , NC 27546 Hamen County

Property Type

1-2 Family Dwelling

10/02/2017

#### **Owner Information**

Date of First Furnishing

Signature Home Huilders 1209 N. Main St Lillington , NC 27546 United States Email: esherrod shb@gmail.com Phone 910-892-9269

View Comments (0)

Technical Support Hotline: (888) 690-7384

Filed on: 09/27/2017 Initially filed by: larrydaughtry02152

### Print & Post



**Contractors:** Please post this notice on the Job Site

Suppliers and Subcontractors: Scan this image with your smart phone to view this filling. You can then file a Notice to Lien Agent for this project.