DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 714419

Filed on: 09/01/2017 Initially filed by: wjh2013

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensne.com/http://www.liensne.com/

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

27601

Phone: 888-690-7384

Fax: 913-489-5231

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

Project Property

CSE41

366 Cottle Lake Dr Coats, NC 27521 Harnett 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

WJH, LLC
3300 Battleground Ave Suite 230
Greensboro, NC 27410
United States
Email: trabitz@wadejurneyhomes.com
Phone: 919-995-5654

View Comments (0)

Technical Support Hotline: (888) 690-7384

Initial Application Date:	Applicat	ion#
COUNTY	OF HARNETT RESIDENTIAL LAND USE APPLICA	CU#
Central Permitting 108 E. Front Street, Lillington		x: (910) 893-2793 www.harnett.org/permits
	R OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WH	
LANDOWNER: Wade Jurney Ho	Mailing Address: 3300 Bay	Hegraund Jul Ste Z3
City: Grunsbord State: NC	Zip: 27410 contact No: 90 935.5650	Email: Trabitz @ Wacle Jurne
		homes ena
	Malling Address: IOLUE Shoppes	, , , , , , , , , , , , , , , , , , ,
City: State: NC *Please fill out applicant information if different than landowner	Zip:Z7S45 Contact No:SML	Email:
CONTACT NAME APPLYING IN OFFICE:	Phor	ne #
PROPERTY LOCATION: Subdivision:	stone	Lot #: 35Lot Size; 0.72
State Road # 385 State Road Name:		Map Book & Page: 2001 / 0412
	PIN: 6589 89 44	
	Deed Book & Page: 3543, 0343 Po	wer Company*: 50040 PWW EW
*New structures with Progress Energy as service provide		• • • •
PROPOSED USE:	25	Monolithic
□ SFD: (Size 38 x 33) # Bedrooms: 3 # Baths		Crawl Space: Slab: Slab:
(Is the bonus room finishe	d? () yes () no w/ a closet? () yes () no	(if yes add in with # bedrooms)
☐ Mod: (Size x) # Bedrooms # Baths	: Basement (w/wo bath) Garage: Site B	iuilt Deck: On Frame Off Frame
	ed? () yes () no Any other site built additions?	
D. H. C. III. OH. DW. TWO	\(\(\text{\text{\$\sigma}}\)	
Manufactured Home:SWDWTW (Size	zex)# Bedrooms:Garage:(s	ite built?) Deck:(site built?)
☐ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:	
☐ Home Occupation: # Rooms: Use:	Hours of Operation:	#Employees:
□ Addition/Accessory/Other: (Sizex) Use	9:	Closets in addition? () yes () no
Water Supply: County Existing Well	New Well (# of theolings using well) *	Must have operable water before fine!
Sewage Supply: New Septic Tank (Complete Che		
Does owner of this tract of land, own land that contains a		· — ·
Does the property contain any easements whether unde	<u> </u>	or tract listed above? () yes (z) no
, , ,		Other (co. 16.)
Structures (existing or proposed): Single family dwellings	3: Manufactured Homes:	Other (specify):
Required Residential Property Line Setbacks:	Comments:	
Front Minimum 15 Actual 15		
Rear <u>25</u> <u>25</u>		
Closest Side 10 10		
Sidestreet/corner lot Z0 Z0		
Nearest Building		
on same lot		

Residential Land Use Application

Please answer the following questions then see a Permit Technician to determine if you qualify for p Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Mem	
Do you own the land on which this building will be constructed?	✓ YesNo
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?	✓ YesNo
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?	<u>✓</u> Yes No
5. Do you intend to personally occupy the building for at least 12 consection months following completion of construction and do you understand that you do not do so, it creates the presumption under law that you fraudule secured the permit?	if
I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the Building, El Mechanical codes, and the Harnett County Zoning Ordinance. I state the inficontractors is correct as known to me and that I affirm that I have obtained all permission to obtain these permits and if any changes occur including lister number of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central Peany and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. is as per current fee schedule.	ectrical, Plumbing and ormation on the above listed contractors contractors, site plan, anges or proposed use ermitting Department of
Tara Rabitz 10/5/2017	
Signature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the:	S. 87-14
Affidavit for Worker's Compensation N.C.G.S	
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the:	ontractor or Owner
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner ✓ Officer/Agent of the Compensation N.C.G.S Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate the compensation of the Compensation N.C.G.S	contractor or Owner pration(s) performing the work
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner ✓ Officer/Agent of the Compensation N.C.G.S Do hereby confirm under penalties of perjury that the person(s), firm(s) or corposet forth in the permit:	contractor or Owner bration(s) performing the work fon insurance to cover them.
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner ✓ Officer/Agent of the Compensation of the	contractor or Owner oration(s) performing the work on insurance to cover them.
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Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner ✓ Officer/Agent of the Compensation of the	contractor or Owner bration(s) performing the work from insurance to cover them. ensation insurance to cover ers' compensation insurance to the Central Permitting compensation insurance prior
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner ✓ Officer/Agent of the Compensation of the Compensation of the Compensation of the permit of the perm	contractor or Owner bration(s) performing the work from insurance to cover them. ensation insurance to cover ers' compensation insurance the Central Permitting compensation insurance prior