name & phone must match

Application #

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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

<u>Application for Residential Building and Trades Permit</u>

Lagra Dalayar - Harre	16 Date 10 (0)
Owners Name (Jan 120) unson Homes L	
Site Address 3982 Old US421, Lillington, NC 27	1546 Phone 910 401 5505
Directions to job site from Lillington	
warp left on 421, house on nav	1t
<u> </u>	
Subdivision 2017 - 149	Lot <u>9</u>
Description of Proposed Work Single Family Dwelle	ng # of Bedrooms 4
Heated SF 2252 Unheated SF 594 Finished Bonus Ro	om² Crawl Space Slab 👱
General Contractor Infor	mation
Gary Robinson Homes LLC	910-977-2562
Building Contractor's Company Name	Telephone
4140 Ramsey Street Suite 115	lauren.grhomes@gmail.com
Address	Email Address
67530	
License # Electrical Contractor Info	rmation
Description of Work New Construction Service	Size 200 Amps T-Pole <u>x</u> YesN
Buford Electric, LLC	910-818-0994
Electrical Contractor's Company Name	Telephone
948 Pan Drive, Hope Mills NC 28348	thomasdbuford@yahoo.com
Address	Email Address
15109-L	
License # Mechanical/HVAC Contractor	Information
Description of Work New Construction- Single Family	W. C. T. C.
Chacco, INC	910-429-9939
Mechanical Contractor s Company Name	Telephone
PO Box 36037 Fayetteville NC 28303	910-488-0318
Address	Email Address
2957 PH-1-3	
License #	
Plumbing Contractor Info	<u>ormation</u>
Description of Work New Construction	# Baths
Dell Haire Plumbing, LLC	910-429-9939
Plumbing Contractor's Company Name	Telephone
PO Box 65048 2503 Southern Ave, Fay NC 28306	accountingoffice@ncrrbiz.com
Address	Email Address
32886-P-1	
License # Insulation Contractor Info	ormation
Cumberland Insulation 4205 Clinton Rd Fay, NC 28312	910-484-7118
Insulation Contractor's Company Name & Address	Telephone
modification contractor a company frame a native	·

	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 pily 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 the schedule		
	is as per current see scriedule		
	10/10/17		
1	Signature of Owner/Contractor/Officer(s) of Corporation Date		
1	Affidavit for Worker's Compensation N C G S 87-14		
4	The undersigned applicant being the		
ł			
	General Contractor Owner Officer/Agent of the Contractor or Owner		
ı	Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the work		
	set forth in the permit		
	$ \lambda_{Z}$		
	Has three (3) or more employees and has obtained workers, compensation insurance to cover them		
ł	Use and (1) or more subscattenesses(a) and has obtained workers, companies an environment to cover		
ŀ	Has one (1) or more subcontractors(s) and has obtained workers, compensation insurance to cover them.		
	1 /		
	Has one (1) or more subcontractors(s) who has their own policy of workers, compensation insurance		
	covering themselves		
ļ			
1	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		
ı	Company of Name Cary Robinson Homes, LLC		
	Sign w/Title VP Planning Production Date 10/10/17		
١			

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 736504

Filed on: 10/11/2017 Initially filed by: Lauren.grh

Designated Lien Agent

Online: www.licnsnc.com/hap. www.arr-a-road

First American Title Insurance Company

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

Harnett County

Lillington, NC 27546

Lot 9 Jonathon Taylor Tract 3982 Old US 421

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensne.com matte segmente of a real

Property Type

1-2 Family Dwelling

Project Property

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

to Lien Agent for this project. view this filing. You can then file a Notice Scan this image with your smart phone to

Owner Information

Date of First Furnishing

6200 Ramsey Street Gary Robinson Homes, LLC

10/25/2017

Suite 200

Fayetteville, NC 28311

United States

Email: lauren.grhomes@gmail.com Phone: 910-401-5505

View Comments (0)

Technical Support Hotline: (888) 690-7384