

09/09/11

Application #

17-50042495

Harnett County Central Permitting
PO Box 66 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 Signature Home Builders Date 10-17-17
Site Address 234 Saddle Ln. Lillington NC 27546 Phone 910-892-9299
Directions to job site from Lillington _____

Subdivision Johnson Farms Lot 15
Description of Proposed Work _____ # of Bedrooms _____
Heated SF 1899 Unheated SF 793 Finished Bonus Room? Yes Crawl Space Slab _____

General Contractor Information

Signature Home Builders 910-892-9299
Building Contractor's Company Name Telephone
1209 N. Main St. Lillington NC 27546 csherrard.shb@gmail.com
Address Email Address
49431
License #

Electrical Contractor Information

Description of Work ~~Electrical~~ Electrical Service Size 200 Amps T-Pole Yes No
Ruford Electric 910-723-1937
Electrical Contractor's Company Name Telephone
948 Pan Dr. Hope Mills NC 28348
Address Email Address
31424
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
Custom Heating + Air 910-892-8827
Mechanical Contractor's Company Name Telephone
1001 Denim Dr. Erwin, NC 28339
Address Email Address
18195
License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 2
L.R. Clover Plumbing 910-820-0026
Plumbing Contractor's Company Name Telephone
P.O. Box 764 Benson NC 27504
Address Email Address
7958
License #

Insulation Contractor Information

Cumberland Insulation 910-484-7118
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

Christopher D. Sherrod
Signature of Owner/Contractor/Officer(s) of Corporation

10/17/17
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 Chris Sherrod, Project Manager

Sign w/Title Christopher D. Sherrod Date 10/17/17

DO NOT REMOVE!

Details: Appointment of Lien Agent
Entry #: 739409

Filed on: 10/19/2017
Initially filed by: larrydaughtry02152

Designated Lien Agent

Investors Title Insurance Company

Online: www.lisnnc.com

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@lisnnc.com

Project Property

Lot 15 Johnson Farms
234 Saddle Ln
Lillington, NC 27546
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

Signature Home Builders
1209 N. Main St
Lillington, NC 27546
United States
Email: csherrod.shb@gmail.com
Phone: 910-892-9299

Date of First Furnishing

10/23/2017

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Technical Support Hotline: (888) 690-7384