

09/09/11

Application #

1850043061

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 name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Signature Home Builders Inc. Date 1/10/18
Site Address Spring Hill Church Rd. Lot 3 Phone 910-892-9299
Directions to job site from Lillington _____

Subdivision _____ Lot 3
Description of Proposed Work New Const. # of Bedrooms _____
Heated SF 2208 Unheated SF 1362 Finished Bonus Room? YES Crawl Space _____ Slab Stem Wall

General Contractor Information

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

Electrical Contractor Information

Description of Work Electrical Service Size 200 Amps T-Pole Yes No
BuFord 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
12195
License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 2.5
L.R. Glover 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

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated processes. The manual process involves reviewing each entry individually, while the automated process uses software to identify patterns and anomalies.

The third part of the document focuses on the results of the analysis. It shows that there are several areas where the data deviates from the expected norms. These deviations are likely due to human error or system malfunctions. The author provides a detailed breakdown of these errors and suggests ways to prevent them in the future.

Finally, the document concludes with a summary of the findings and a list of recommendations. The recommendations include implementing stricter controls, improving the data collection process, and providing additional training for the staff. The author believes that these steps will help to ensure the accuracy and reliability of the data in the future.

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



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

1-16-18

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 Signature Home Builders

Sign w/Title  Date 1-16-18

DO NOT REMOVE!

Details: Appointment of Lien Agent
Entry #: 792551

Filed on: 02/01/2018
Initially filed by: larrydaughtry02152

Designated Lien Agent

Investors Title Insurance Company

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

Project Property

LOT#3 5.979ACS HASKINS FAMILY TRUST
MAP#2017-455 DEED BOOK 3550 PAGE 0017
4466 Spring Hill Church Rd
Lillington, NC 27546
Harnett County

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.

Property Type

1-2 Family Dwelling

Owner Information

Signature Home Builders, Inc.
1209 N Main St
Lillington, NC 27546
United States
Email: csherrod.shb@gmail.com
Phone: 910-985-1136

Date of First Furnishing

02/01/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384