Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

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

Site Address 655 Carolina Way, Sanford, NC 27332 Phone 843-574-8900 Directions to job site from Lillington Enter Carolina Lakes Thru Gate, Left Onto Carolina Way, Site on Left (Off Main Road) Subdivision Carolina Lakes Lot 25 Description of Proposed Work New Home # of Bedrooms 6 Heated SF 4,045 Unheated SF 565 Finished Bonus Room? Yes Crawl Space X Slab General Contractor Information Michael Ryan Homes, Inc. 843-574-8900 Building Contractor's Company Name Telephone PO Box 481452, Charlotte, NC 28269 warranty@michaelryanhomes.com Email Address 74751 License # Electrical Contractor Information Description of Work New Home Service Size 200 Amps T-Pole X Yes No Tool Time Trade LLC 919-979-1408 Electrical Contractor's Company Name Telephone PO Box 2207, Garner, NC 27529 tooltimeservices@gmail.com Email Address Hechanical/HVAC Contractor Information Description of Work New Home	Owner's Name Michael Ryan Homes, Inc.	Date _2/19/2019
Site on Left (Off Main Road) Enter Carolina Lakes Thru Gate, Left Onto Carolina Way,	Site Address 655 Carolina Way, Sanford, NC 27332	Phone 843-574-8900
Site on Left (Off Main Road) Subdivision Carolina Lakes Lot 25 Description of Proposed Work New Home # of Bedrooms 6 Heated SF 4,045 Unheated SF 565 Finished Bonus Room? Yes Crawl Space x Slab General Contractor Information Michael Ryan Homes, Inc. 843-574-8900 Building Contractor's Company Name Telephone PO Box 481452, Charlotte, NC 28269 warranty@michaelryanhomes.com Address Email Address 74751 License # Electrical Contractor Information Description of Work New Home Service Size 200 Amps T-Pole X Yes No Tool Time Trade LLC 919-979-1408 Electrical Contractor's Company Name PO Box 2207, Garner, NC 27529 tooltimeservices@gmail.com Address L.13714 License # Mechanical/HVAC Contractor Information		
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PO Box 481452, Charlotte, NC 28269 Address 74751 License # Electrical Contractor Information Description of Work New Home Service Size 200 Amps T-Pole X Yes No Tool Time Trade LLC 919-979-1408 Electrical Contractor's Company Name Telephone PO Box 2207, Garner, NC 27529 Address L.13714 License # Mechanical/HVAC Contractor Information		
Address Final Address 74751 License # Flectrical Contractor Information Description of Work New Home Service Size 200 Amps T-Pole X Yes No Tool Time Trade LLC 919-979-1408 Flectrical Contractor's Company Name Telephone PO Box 2207, Garner, NC 27529 tooltimeservices@gmail.com Address L.13714 License # Mechanical/HVAC Contractor Information		·
License # Electrical Contractor Information		
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Description of Work New Home Service Size 200 Amps T-Pole X Yes No Tool Time Trade LLC 919-979-1408 Electrical Contractor's Company Name Telephone PO Box 2207, Garner, NC 27529 tooltimeservices@gmail.com Email Address L.13714 License # Mechanical/HVAC Contractor Information	License #	
Tool Time Trade LLC Electrical Contractor's Company Name PO Box 2207, Garner, NC 27529 Address L.13714 License # Mechanical/HVAC Contractor Information		
Electrical Contractor's Company Name PO Box 2207, Garner, NC 27529 Address L.13714 License # Mechanical/HVAC Contractor Information	•	
PO Box 2207, Garner, NC 27529 tooltimeservices@gmail.com Address L.13714 License # Mechanical/HVAC Contractor Information		
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Description of Work 10 He 110 He		WHO THE COLUMN TO THE COLUMN T
C (10) 1 TT (1 0 1) C 10 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0		010.050.1150
Certified Heating & Air Conditioning 910-858-1129 Mechanical Contractor's Company Name Telephone		
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		lisa.certifiedheatingandair@gmail.com
× ••• • • • • • • • • • • • • • • • • •		Elilali Addiess
L.20012 License #	······	
Plumbing Contractor Information		formation
Description of Work New Home # Baths 3.5		
Barnes Plumbing Inc 910-892-1612 Plumbing Contractor's Company Name Telephone		
	· · ·	•
239 Millwood Ln, Angier, NC 27501 <u>makhunter2@gmail.com</u> Address Email Address		
L.17735		anight to a sec
L:17/33 License #		
Insulation Contractor Information		<u>formation</u>
Tatum Insulation II, Inc - 519 Old Drug Store Rd, Garner, NC 27529 919-661-0999		
Insulation Contractor's Company Name & Address Telephone		

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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the X General Contractor X 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 $f{X}$ 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 Michael Ryan Homes, Inc.

				CU#	
Central Permitting			RESIDENTIAL LAND USE APP Phone: (910) 893-7525 ext:2	LICATION	
A RECORDED SI	JRVEY MAP, RECORDED DE	ED (OR OFFER TO PUR	CHASE) & SITE PLAN ARE REQUIRE	ED WHEN SUBMITTING A LAND	USE APPLICATION
Michael I	Ryan Homes, Inc.		PO Box 48 Mailing Address:	31452	
LANDOWNER:Charlotte City:	State:	C 28269 Zip: C	843-574-8900 Contact No:	Warranty@Mic Email:	haelRyanHomes.com
Michael R APPLICANT*: Charlotte City:	yan Homes, Inc.		PO Box 481452		
APPLICANT*: Charlotte	- N	Mailing Addr C 28269	ess: 843-574-8900	Warranty@Mic	haelRyanHomes.com
City:*Please fill out applicant inform	State:	Zip:(843-574-8900 Contact No:	Email:	
				Phone #	
	Carolina L				
PROPERTY LOCATION:	Subdivision:				
State Road #		Carolina Way		Map Book & Pag	e: MB 23, Pg 95
655 Carolina Wa	-		9585-59-6918.000 PIN:		
Zoning:Flood 2	Zone:Watershe	d: Deed Bo	ook & Page:/	Cent Power Company*:	tral Electric
			y premise number		
	, g, p.				3,
PROPOSED USE:		_			
59 5 ☑ SFD: (Size x	0 5) # Bedrooms: # B	3.5 Baths: Basement	(w/wo bath): Garage: [Deck: Crawl Space: ✔	Monolithic Slab:
) no w/ a closet? () yes (/		
	,			, ,	•
□ Mod: (Sizex_) # Bedrooms# E	Baths Basement	(w/wo bath) Garage: 5	Site Built Deck: On Fr	ameOff Frame
	(Is the second floor fir	nished? () yes (_) no Any other site built addit	ions? () yes () no	
☐ Manufactured Home:	SWDWTW	/ (Sizex_) # Bedrooms: Garage:_	(site built?) Deck:	(site built?)
□ Duplex: (Sizex	() No. Buildings:	No. E	edrooms Per Unit:		
☐ Home Occupation: #	Rooms:	Use:	Hours of Operation:		_#Employees:
☐ Addition/Accessory/C	other: (Sizex	Use:		Closets in add	lition? () yes () no
Water Supply: Cou	nty Existing Well	New Well <i>(#</i>	of dwellings using well) *Must have operable v	vater before final
			Existing Septic Tank (Complete (
			home within five hundred feet (5		
Does the property contain				oo) or trade holde above . (
	•	New Home			
Structures (existing or prop	posed): Single family dwe	llings:	Manufactured Homes:	Other (speci	ý):
Required Residential Pr	onerty Line Sethacks:	Comment	s:		
•	Actual			-	
	Actual				
Rear				· · · · · · · · · · · · · · · · · · ·	
Closest Side					
Sidestreet/corner lot				<u></u>	
Nearest Building	<u>.</u>				

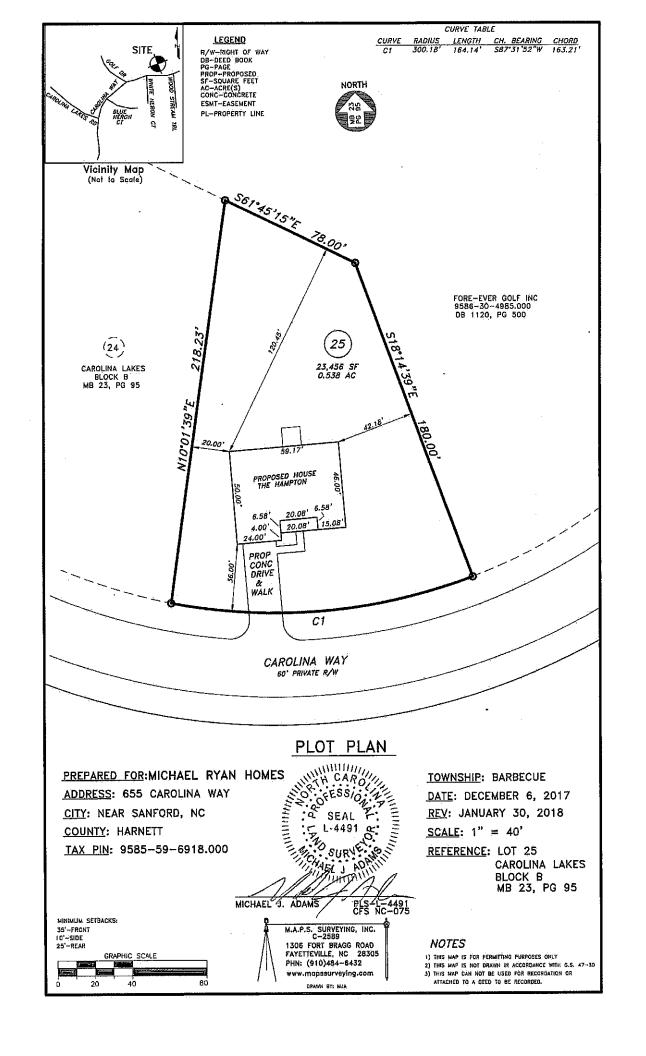
Initial Application Date:

Application #

Carolina Lake	es Thru Gate, Let	it Onto Carolina V	Vay, Off Main Road	on Left.		
	•					
	•					

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued



DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 788787

Filed on: 01/25/2018
Initially filed by: MRHWa

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com (http://www.llensnc.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)

Owner Information

Michael Ryan Homes PO Box 481452 Charlotte, NC 28269 United States Email: Warranty@michaelryanhomes.com Phone: 843-574-8900

Project Property

Lot 25 Carolina Lakes 655 Carolina Way Sanford, NC 27332 Harnett County

Property Type

Other

Date of First Furnishing

01/31/2018

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384