

Application for Building and Trade Permit

Owner's Name: Moss Homebuilders Date: _____
Address: _____ Phone: _____
Directions to job site: _____

Subdivision: 1A Centrella Lot: 5
Type Construction: (Please Check)
New Renovation Addition
Moved House Other
Specify Type of Work: _____
Building Use: (Please Check)
Residential Modular
Commercial Multi-Family

Building Permit Information

Heated Crawl Space
Unheated Slab
Building Contractor's Company Name: Moss Homebuilders & Realty
W. Almon
Signature of Officer(s) of Corporation
Building Construction Cost \$ _____
Acres Disturbed: 1 Stories: _____
Address: PO Box 577 Lillington NC
18637 License # 910-893-4875 Telephone

Electrical Permit Information

Description of Work: Electrical Electrical Cost \$ _____
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: _____ Amps
Electrical Contractor's Company Name: Pioneer Electric & Maintenance Co., Inc.
Will B. Johnson
Signature of Officer (s) of Corporation
Address: 4320/D US 421 Lillington NC, 27546
License #: 21643 Telephone: 910-814-3751

Insulation Permit Information

Residential Other Not Required
Insulation Contractor's Company Name: TRI CITY INSULATION
910-486-8855 Telephone
Address: 418 Person St Fayetteville NC

Mechanical Permit Information

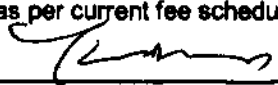
Description of Work: HVAC Number of Units _____ Type System _____ Mechanical Cost \$ _____
Number of Tons _____
Mechanical Contractor's Company Name: Beasley's Hgt A/c, Inc.
R. Brent Beasley
Signature of Officer(s) of Corporation
Address: 57 W.C. Beasley Ln. Coats NC 27521
License #: 9497 Telephone: 919-894-4248

Plumbing Permit Information

Description of Work: Plumbing Number of Baths _____ Plumbing Cost \$ _____
Plumbing Contractor's Company Name: Beasley's Plumbing
614 Byadford
Signature of Officer(s) of Corporation
Address: 910 814 7705
License #: 21649 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

 Moss Home Builders
Signature of Owner/Contractor/Officer(s) of Corporation

5/14/2018
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

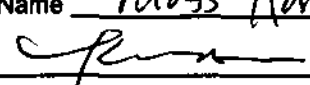
Has three (3) or more employees and has obtained workers compensation insurance to cover them

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 Moss Home Builders & Realty Inc
Sign w/Title  (Ken Moss) VP Date 5/14/2018

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 851837

Filed on: 05/14/2018

Initially filed by: mosshomebuilders

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (help: www.liensnc.com)

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com / info@investortitle.com

Project Property

Lot 5 Centrella Subdivision
po box 577
lillington, NC 27546
North Carolina 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

Triumph Capital Group LLC
510 E. Washington Street
Lillington, NC 27546
United States
Email: vickie@calltincans.com
Phone: 910-890-2111

Date of First Furnishing

05/14/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384