

09/09/11

Application #

1850043948

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 5/18/18  
Site Address 70 Alvis Ct. Frying Marina 27526 Phone 910-892-9299  
Directions to job site from Lillington \_\_\_\_\_

Subdivision Dexter Field Lot 4B  
Description of Proposed Work New Const. # of Bedrooms 4  
Heated SF 2316 Unheated SF 763 Finished Bonus Room? Yes Crawl Space \_\_\_\_\_ Slab  Stem Wall

**General Contractor Information**

Signature Home Builders Inc. 910-892-9299  
Building Contractor's Company Name Telephone  
1209 N. Main St. Lillington NC 27546 CSherrrod.sbb@gmail.com  
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. Hoyer 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

Christy D. S.  
Signature of Owner/Contractor/Officer(s) of Corporation

5/18/18  
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 Christy D. S. Project Manager Date 5/18/18

DO NOT REMOVE!

**Details: Appointment of Lien Agent**  
Entry #: 855328

Filed on: 05/21/2018  
Initially filed by: larrydaughtry02152

**Designated Lien Agent**

Investors Title Insurance Company

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

**Project Property**

Lot 48 Dexterfield  
70 Alvis Ct  
Fuquay Varina , NC 27526  
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.

**Owner Information**

Signature Home Builders  
1209 N. Main St.  
Lillington , NC 27546  
United States  
Email: [csherrodshb@gmail.com](mailto:csherrodshb@gmail.com)  
Phone: 910-892-9299

**Property Type**

1-2 Family Dwelling

**Date of First Furnishing**

05/28/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384