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

Application for Residential Building and Trades Permit

Date
Phone 919-233-67 47
Benon. Ten sion
Hites - aprox 3 miles
TRUES - THINK S MITE
Lot7
of Bedrooms <u>9</u> ກາ <u>ຼ ມ ວ</u> Crawl Space Slab <u>Sten</u> ເພລຢ <u>nation</u>
919-233-6747
Telephone
JNAESS ENS @ ADAMS A CMES, Email Address
mation
Size 😥 Amps T-Pole X Yes No
919-369-7857
Telephone
Kearns Electrical Service egmail Email Address
Lindii Address
<u>nformation</u>

919-863-7777
Telephone
MHONERUM QARS. COM
Email Address
<u>nation</u>
Baths 3
919-550- 4833 Telephone
TP/Office 2 @ gmail.com
Email Address
nation
919-661-6999 Telephone

and particular to the second of the second o

para series

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 7-10-18 Date Signature of Owner/Contractor/Officer(s) of Corporation 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 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 ADAMS HOMES AEC, LLC Company or Name _

Sign w/Title

Production Manager Date 7-10-18

···

· · · .

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 882178

Filed on: 07/09/2018 Initially filed by: cchandler

Designated Lien Agent

First American Title Insurance Company

Online: www.liensnc.com@up://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 [maille:support@liensnc.com]

Project Property

Lot 7 Cane Mill Estates 215 Planters Lane Coats, NC 27521 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

Adams Homes AEC, LLC 3000 Gulf Breeze Parkway Gulf Breeze, FL 32563 United States

Email: ntsakanikas@adamshomes.com

Phone: 919-233-6747

Date of First Furnishing

07/09/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384

•		
		-
	·	