DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 882186

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

Designated Lien Agent

First American Title Insurance Company

Online: 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 umilitatsupport@liensnc.com)

Project Property

Lot 22 Cane Mill Estates 125 Trolley 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

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

	
Owner's Name ADAMS HOMES AISCU	Date 7-10-1 &
Site Address 125 Trong Came, coas UC	Phone 919-233-6747
Directions to job site from Lillington Highway 27 towards	Benson, turn rocky
on red hill enroh Road - sub on les	t - Come mail Follow
In good 3miles	
Subdivision <u>Cane Will Estates</u>	Lot 22
Description of Proposed Work	# of Bedrooms 4
Heated SF 499 Unheated SF 787 Finished Bonus Room?	Crawl Space Slab Stanway
General Contractor Informatic	on Slaw Space Slaw Slaw Slaw
Adams Homes AEC, LLC	919-233-6747
Building Contractor's Company Name	Telephone
149 US HWY 70 West Garner Address	JNAESS ENS @ ADAMS A OMES, COM Email Address
59785	Email Address
License #	
Description of Work Floritation Contractor Information	on A 1
Description of Work <u>Electrical</u> on New SFD Service Size Kearns Electrical Service	-
Electrical Contractor's Company Name	<u>919-369-7857</u> Telephone
Garner, NC	Koorns Electrical Service egmall. Com
Address	Email Address
27899	
License # Mechanical/HVAC Contractor Inform	mation.
Description of Work HUAC on New SFD	nation
American Residential Services	919-863-7177
Mechanical Contractor's Company Name	Telephone
Raleson, uc	MHONERUM Q ARS. COM
Address	Email Address
<u>23253</u> License #	
Plumbing Contractor Information	on
Description of Work Plumbin & Sept an New SFD	# Baths
Thorndon's Rumbing Contractor's Company Name	919-550- 4833 Telephone
Claston, AC Address	TP/Office 2 @ amail.com
	Email Address
22152 License #	
Insulation Contractor Information	on
Tetum Insulation 2 / Garner, IX Insulation Contractor's Company Name & Address	919-661-0999
Insulation Contractor's Company Name & Address	Telephone

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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 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 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 ADAMS HOMES AEC, LLC

Production Manager Date 7-10-19

Company or Name

Sign w/Title