

Application # <u>SFD1812-000</u>4

† Each section below to be filled out by whomever performing work! Must be owner or licensed contractor. Address, company name & phone must match information on license! 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**

on on license:	
Owner's Name: Signature Home Builders	Date: <u> </u>
Owner's Name: Signature Home Builders Site Address: 20 Castello Ct. Angier NC	Phone: 9/0-892-9298
Subdivision: DeLillian Estates	Lot: <u>4</u>
Description of Proposed Work: Www lonst.	
General Contractor Informati	ion .
Signature Home Builders  Building Contractor's Company Name  1209 N. Main St. Lillington NC 275  Address	910-892-9299
Building Contractor's Company Name	Telephone
1209 N. Main St. Lillington NC 278	46 asherrodishb@gnail.com
	Email Address
<u>49431</u> License #	
Electrical Contractor Informat	tion
Description of Work Buford Flectrical Contractor Information of Work Service Size  Ruford Flectric  Electrical Contractor's Company Name	e: <u>200</u> Amps T-Pole: Ves No
Buford Electric	910-723-1937
Electrical Contractor's Company Name	Telephone
Address Company Name  198 Pan Dn Hope Mills NO	
	Email Address
31424 License #	
Mechanical/HVAC Contractor Info	rmation
Description of Work Custom Heating + Ale  Custom Heating + As-  Mechanical Contractor's Company Name	- HVAC
Custom Heatin & As	910- 992-9827
Mechanical Contractor's Company Name	Telephone
1001 Down Dr. Emin NC LB3	??۶ <u> </u>
Address	Email Address
286991	
License # Plumbing Contractor Information	tion
Description of Work Plumbing  LR. Glove Plumbing  Plumbing Contractor's Company Name	# Baths_3.5 9/9-820-6026
Plumbing Contractor's Company Name	Telephone
P.O. Box 764 Bonson NC 2750	
Address	Email Address
7988	
License #	Al-
Insulation Contractor Informa	<del>rion</del> 91 <del>0-66</del> 910-484-711
Insulation Contractor's Company Name & Address	Telephone
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\*NOTE: General Contractor / owner 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.

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.		
The mastrinee (3) of 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.		
Sign w/Title: Christyn D. Shal Date: 1-2-19		

LOT 4 Delillian

## DO NOT REMOVE!

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

Entry #: 971205

Filed on: 01/02/2019

initially filed by: larrydaughtry02152

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 /

Raleigh, NC 27601

Phone: 888-690-7384 Fax: 913-489-5231

Owner Information

Signature Home Builders 1209 N. Main St. Lillington, NC 27546

Email: csherrod.shb@gmail.com Phone: 910-892-9299

Project Property

Lot 4 DeLillian Estates 20 Castello Ct. Angier , NC 27501 Harnett County

Property Type

1-2 Family Dwelling

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Date of First Furnishing

01/21/2019

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Print & Post

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)

United States

Technical Support Hotline: (888) 690-7384