

Application # 3FD 2001.0027

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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: Signature Home Builders	Date:////2020
Site Address: 1611 Main St Lillington NC 27346	Phone: 910-892-9299
Subdivision: Properties of B.C.	Lot: 7
Description of Proposed Work: New Const.	
General Contractor Information	<u>n</u>
Signature Home Builders	910-892-9299
Building Contractor's Company Name	Telephone
1209 N. Main St. Lillington NC 27546	Email Address
Address	Email Address
49431 License #	
Electrical Contractor Informati	on_
Description of Work Service Size	200 Amps T-Pole: YesNo
Dawson's Electric	
Electrical Contractor's Company Name	State Adjusted A
609 Cotton Rd. Fuguery Varina NC	travis odausonselectric, com
Address	Email Address
<u>259.48</u> License #	
Mechanical/HVAC Contractor Infor	mation_
Description of Work	
	919-963-0001
Mechanical Contractor's Company Name	919-963-000(Telephone
Mechanical Contractor's Company Name	Telephone
Central Air	
Mechanical Contractor's Company Name PO BOX 175 Four Daks AC Address A8699	Telephone Contralaires. Con
Mechanical Contractor's Company Name PO BOX 175 Four Daks A: Address A8699 License #	Telephone <u>Omma D centralaira</u> . (on Email Address
Mechanical Contractor's Company Name PO BOX 175 Four Oaks A: C. Address A8699 License # Plumbing Contractor Information	Telephone <u>Omma Dentralairas.</u> (on Email Address
Mechanical Contractor's Company Name PO BOX 175 Four Oaks At C Address AB699 License # Plumbing Contractor Information Description of Work Plumbing	Telephone <u>Omna D</u> <u>centralaira</u> . (on Email Address on # Baths 2.5
Mechanical Contractor's Company Name PO BOX 175 Four Oaks A: C Address A8699 License # Plumbing Contractor Information Description of Work L. R. Glover Flumbing	Telephone <u>Omma Dentralairas.</u> (ome Email Address on # Baths 2.5 919 - 820 - 0026
Mechanical Contractor's Company Name PO BOX 175 Four Oaks At C Address Address License # Plumbing Contractor Information Plumbing Contractor Information Plumbing Contractor's Company Name	Telephone <u>Omna D</u> <u>centralaira</u> . (on Email Address on # Baths 2.5
Mechanical Contractor's Company Name PO BOX 175 Four Oaks A: Address Budgg License # Plumbing Contractor Information Plumbing Contractor's Company Name Plumbing Contractor's Company Name PO BOX 764 Benson NC 27504	Telephone <u>Omma Dentralairas.</u> (ome Email Address on # Baths 2.5 919 - 820 - 0026
Mechanical Contractor's Company Name PO BOX 175 Four Oaks At C Address Address License # Plumbing Contractor Information Plumbing Contractor Information Plumbing Contractor's Company Name	Telephone Prima Contralairas. Contralairas. Contralairas. Email Address on # Baths 2.5 PIG - 820-0026 Telephone
Mechanical Contractor's Company Name PO BOX 175 Four Oaks AC Address Blumbing Contractor Information Description of Work L.R. Glover Plumbing Plumbing Contractor's Company Name PO BOX 764 Benson NC 27504 Address 7958 License #	Telephone @mma @ centralaicas. (om Email Address on # Baths 2.5
Mechanical Contractor's Company Name PO BOX 175 Four Oaks At C. Address Blumbing Contractor Information Description of Work L.R. Glover Plumbing Plumbing Contractor's Company Name PO BOX 764 Benson NC 27504 Address 7958 License # Insulation Contractor Information	Telephone Contralaires. Contralaires. Contralaires. Email Address On # Baths 2.5 PIP - 820-0026 Telephone Email Address
Mechanical Contractor's Company Name PO BOX 175 Four Oaks AC Address Blumbing Contractor Information Description of Work L.R. Glover Plumbing Plumbing Contractor's Company Name PO BOX 764 Benson NC 27504 Address 7958 License #	Telephone @mma @ centralaicas. (om Email Address on # Baths 2.5

*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: Officer/Agent of the Contractor or Owner General Contractor 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.

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1186153

Filed on: 02/07/2020

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

Email: support@liensnc.com

Owner Information

Signature Home Builders 1209 N. Main St. Lillington, NC 27546 United States Email: csherrod.shb@gmail.com

Phone: 910-892-9299

Project Property

Lot 7 Properties of B.C 1611 Main St. Lillington , NC 27546 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

02/17/2020

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384