

Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license!

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: McDonalds USA, LLC	 Date: 8/7/2018
Site Address: 6851 OVERHILLS RD SPRING LAKE, NC 28390	
Description of Proposed Work: Interior remodel to lobby to include elec-	trical and finishes
General Contractor Information: Building Cost \$	
Building Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost \$	License # 57,600.00
Description of Work Relo 10 circuits & 31 outlets Service Size: 20 or I	ess Amps #T-Poles
Staley Inc.	501-565-3006
Electrical Contractor's Company Name	Telephone
3400 J.E. Davis Drive, Little Rock AR 72209	grist@staleyinc.com
Address	Email Address
_ Clamp Jul	U.25313 NC EC 8/10/2019
Signature of Owner/Contractor/Officer(s) of Corporation <u>Mechanical Contractor Information:</u> Mechanical Co	License # st \$
Description of Work	# Units
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	License #
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor must fill out and sign the second page of this application



Sprinkler Contractor Information	<u>on</u>		
Sprinkler Contractor's Company Name	Telephone		
Address	Email Address		
Signature of Officer(s) of Corporation Fire Alarm Contractor Information	License #		
Fire Alarm Contractor's Company Name	Telephone		
Address	Email Address		
Signature of Officer(s) of Corporation	License #		
Driveway Access - NC Department of Transportation Driveway A	ccess/Permit? Yes No		
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 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 charged at full price per current fee schedule.			
Observation of	9/28/2018		
Signature of Owner/Contractor/Officer(s) of Corporation	Date		
Affidavit for Worker's Compensation N The undersigned applicant being the:			
General Contractor Dwner Moner 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' con	npensation insurance to cover them.		
Has one (1) or more subcontractors(s) and has obtained workers them.	s' 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. Sign w/Title: Date: 9/28/2018			
Sign w/Title:	Date: 0/20/20 10		

DO NOT REMOVE!

Details: Appointment of Llen Agent

Entry #: 908176

Filed on: 08/24/2018 initially filed by: jmelvin

Designated Lien Agent

Project Property

Print & Post

Chicago Title Company, LLC

6851 OVERHILLS ROAD Spring Lake, NC 28390

Online: www.liensno.com@www.vertenseed

Address: 19 W. Hargett St., Suite 101 / Raleigh, NC

27601

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

Email: support@biengne.comen.>=epontberesco)

Property Type

Other

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

MCOPCO
6851 OVERHILLS ROAD
SPRING LAKE, NC 28390
United States
Email: christina.brock@davacoinc.com

Phone: 214-706-4054

View Comments (0)

Technical Support Hotline: (888) 690-7384

Payment Receipt Confirmation

Your payment was successfully processed

Transaction Summary

Description	Amount
NC Liens	\$50
Total Amount Paid	\$50

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
COMMAPPT	Appointment of Lien Agent (Other) - Entry Number: 908176	\$50	1	\$50
			TOTAL	\$50

Customer Information		Paymentinformation	
Customer Name	Darrin Janisch	Payment Type	Credit Card
Local Reference ID	295940	Billing Name	Darrin Janisch
Receipt Date	8/24/2018	Credit Card Number	******3789 .
Receipt Time	12:19:01 PM EDT	Order ID	29714398
•		Credit Card Type	MASTERCARD
Billing information			
Billing Information Billing Address 1	6640 Winfield Cir. N	Phone Number	7634589619
	6640 Winfield Cir. N	Phone Number Fax Number	7634589619
Billing Address 1	6640 Winfield Cir. N . Rockford, MN		7634589619
Billing Address 1 Billing Address 2			7634589619 . ,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/1/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights to the certificate holder in lieu of s	uch endorsement(s).		
PRODUCER Stephens Insurance, LLC	CONTACT NAME:		
111 Center Street, Suite 100	DUOUE	1-377-2317	
Little Rock, AR 72201	E-MAIL ADDRESS:		
	INGURER(S) AFFORDING COVERAGE	NAIC#	
www.stephensinsurance.com	INSURER A: Travelers Indemnity Co of America	25666	
Staley Inc. DBA: Staley Technologies 3400 JE Davis Drive	INSURER B: Travelers Indemnity Company	25658	
	INSURER C: Travelers Property Casually Co of Amer	25674	
	INSURER D:		
Little Rock AR 72209	INSURER E:		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER: 44637151	REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORD	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO	WHICH THIS	

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDESUBR POLICY EFF POLICY EXP INSR LTR POLICY NUMBER LIMITS TYPE OF INSURANCE 5/19/2018 4/19/2019 COMMERCIAL GENERAL LIABILITY 660-8K76633A-18 EACH OCCURRENCE s 1,000,000 Α DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE J OCCUR \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADVINJURY s 1,000,000 **GENERAL AGGREGATE** \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPIOP AGG \$2,000,000 POLICY Employee Benefits Llab. COMBINED SINGLE LIMIT (E8 accident) \$1,000,000 OTHER: AUTOMOBILE LIABILITY 810-8K703907-18 5/19/2018 4/19/2019 \$ 1,000,000 A SODILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per socident) 5/19/2018 4/19/2019 CUP-8K860845-18 UMBRELLA LIAB **EACH OCCURRENCE** \$10,000,000 OCCUR EXCESS LIAB AGGREGATE s 10,000,000 CLAIMS-MADE Retention DED | V RETENTION \$ 10,000 s 10,000 5/19/2018 4/19/2019 UB-8K854549-18 WORKERS COMPENSATION Б ✓ STATUTE AND EMPLOYERS' LIABILITY AND EMPLOYERS CHRISTING
ANYPROPRIETORPARTHER/EXECUTIVE
OFFICERO/IEMBER EXCLUDEO?
(Mandatory in NH)
If yes, despite under
DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT \$1,000,000 N/A E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT | \$1,000,000 Occurrence Limit - \$5,000,000 B0621PSTAL000518 4/19/2018 4/19/2019 Professional Liability Aggregate Limit - \$5,000,000 Includes Tech Prof., Construction Retention - 10,000 Prof., Contractors Professional & & Poliution Liability DEECRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (AGORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage listed on the certificate is applicable to work done in the state of NC.

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CERTIFICATE HOLDER	CANCELLATION
Hartnett County Central Permitting PO Box 65 Lillington NC 27546	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Ted Grace Authorized Representative Juddau A. Alake

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