



*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 Phone: 240.497.3627
Description of Proposed Work: Interior remodel to lobby to include electrical and finishes

General Contractor Information: Building Cost \$ 43000

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Electrical Contractor Information: Electrical Cost \$ 7,600.00

Description of Work Relo 10 circuits & 31 outlets Service Size: 20 or less 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 _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Plumbing Contractor Information: Plumbing Cost \$ _____

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

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

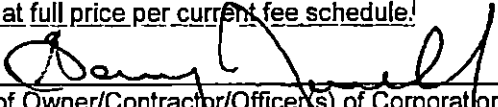
Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/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!


Signature of Owner/Contractor/Officer(s) of Corporation _____

9/28/2018
Date _____

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:

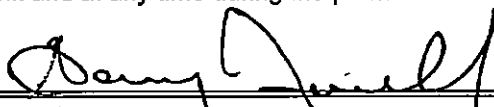
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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.

Sign w/Title:  _____

Date: 9/28/2018

DO NOT REMOVE!

Details: Appointment of Lien Agent
Entry #: 908176

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

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com

Address: 19 W. Hargett St, Suite 101 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

Project Property

6851 OVERHILLS ROAD
Spring Lake, NC 28390

Property Type

Other

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

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		Payment Information	
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 Address 1	6640 Winfield Cir. N	Phone Number	7634589619
Billing Address 2		Fax Number	
Billing City, State	Rockford, MN		
Zip/Postal Code	55373		
Country	US		

