Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Applica	tion for Buildi	ig and Trade Permit	
Owner's Name OSS 1+	mobe	O Data	
Address: ,	4.	/ Phone:	
Directions to inh site	Water Street Street Street	i none.	
	refre billione in commence of	THE RESERVE OF THE PARTY OF THE	The second second
Subdivision: 1/2 Centro	110		/
Time Constructions (Dlaces Cheek)	L CO	Lot: 5	
Type Construction: (Please Check)		Building Use: (I	lease Check)
New O Renovation () Addition. ()		Residential Q	Modular O
Moved House () Other ()		Commercial ()	Multi-Family ()
Specify Type of Work:	` .		mara-rainity ()
3,1	ini		•
Bu	ilding Permit In	formation	
Heated Crawl Space 9	Buil	ding Construction Cost \$	
Unheated Slah ()	Acres Disturt	oed / Stories	
Moss Home Builders & Rocky	a	Box STT Gillinghe	7
Building Contractor's Company Name	104	Address	~ ~~
W. aluffra.	/8637	910-1893	- UFIC
Signature of Officer(s) of Corporation	License #	Telephone	10/3
		. Telephone	2
Elect	rical Permit In	formation :	
Description of Work		Electrical Cost \$	
TS Pole: Yes @ No () /Underground @	Overheard ()		
Permanent Service: Underground ()	Overhand O	Service Size:	A
Pioner Electricas Maintenante Co. F.	med.	42/20/dus#21 1:11.	Alips
Pioneer Electric Mantagere Co. T. Electrical Contractor's Company Name		Address	ALON 105 19 20
Med Di Tron	2/6	Address 970-8/4-3 se# Telephone	75/
Signature of Officer (s) of Corporation	Lice	se# Telephone	
and a		Ÿ	
Insulat	tion Permit Infe	rmation	
Residential O Other O	Not Required	0 4.80	
Insulation Contractor's Company Name		418 Govon St	FAL
910 - 486-8855		Address	
Telephone	*		
			>
Description of Work HVA6 Number	ical Permit Info	rmation	
Number of Pons	DI Units	Type System Mechanica	l Cost \$
Received How Ale Tic	· cn/	1 2	
Beasley's High Ale TAC. Mechanical Contractor's Company Name	0/4	e Beasley La. Co	ats N/ 22521
Wednamed Contractor's Company Name	916907	Address 994-	11
R. Breut Beasley		919-874-	4248
Signature of Officer(s) of Corporation	Eicense #	Telephone	
Plambir	g Permit Inform	mation	*
Description of Work Lum Btate Number	er of Baths	Plumbing Cost \$	
Legible to the work	· uc		
Plumbing Contractor's Company Name	2	Address	
- 614 Buddlotol	24049	GILLATU	7705
Signature of Office(s) of Corporation	License #	7-10	1103
- The state of the	DIOCHEC A	Telephone	
02/01			
2001			

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 Hamett 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

12mms Mrss HARBURNAS 5724/2018			
Signature of Owner/Contractor/Officer(s) of Corporation 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			
Company or Name Moss HAMI BUILDING & RIVARY INC. Sign W/Title Property (Kan Miss) UP Date 5/14/20/2			

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 851837

Filed on: 05/14/2018

Print & Post

Contractors:

Please post this notice on the Job Site.

Scan this image with your smart phone to view this filing. You can then file a Notice

Suppliers and Subcontractors:

to Lien Agent for this project.

Initially filed by: mosshomebuilders

Designated Lien Agent

Project Property

Lot 5 Centrella Subdivision

po box 577

Investors Title Insurance Company

Online: www.liensnc.com der 200 mestreen)

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

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

Email: support(a liensne.com em a rangeoug tenne; con)

Property Type

lillington, NC 27546 North Carolina County

1-2 Family Dwelling

Owner Information

Date of First Furnishing

Triumph Capital Group LLC 510 E. Washington Street Lillington. NC 27546 United States

Email: vickie@calltincans.com

Phone: 910-890-2111

05/14/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384