


DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1021272

Filed on: 04/03/2019

Initially filed by: Lyonbuilders

<p>Designated Lien Agent</p> <p>WFG National Title Insurance Company</p> <p>Online: www.liensnc.com <small>(http://www.liensnc.com)</small></p> <p>Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601</p> <p>Phone: 888-690-7384</p> <p>Fax: 913-489-5231</p> <p>Email: support@liensnc.com <small>(mailto:support@liensnc.com)</small></p>	<p>Project Property</p> <p>4542 ponderosa rd Sanford, NC 27332 Hamett County</p>	<p>Print & Post</p>  <p>Contractors: Please post this notice on the Job Site.</p> <p>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.</p>
<p>Owner Information</p> <p>Paul Lyon 2139 barbecue church rd Sanford, NC 27332 United States Email: Lyonp70@gmail.com Phone: 919-353-0370</p>	<p>Property Type</p> <p>1-2 Family Dwelling</p>	
<p>Date of First Furnishing</p> <p>04/05/2019</p>		

View Comments (0)

Technical Support Hotline: (888) 690-7384



Application # BRES 1903 -0020

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

C1

Owner's Name: Randall Scott Woodham Date: 4-3-19
Site Address: 4519 Panderosa Rd Sanford NC 27332 Phone: 919-770-2924
Subdivision: N/A Lot: _____
Description of Proposed Work: Garage 40x50

General Contractor Information

Lyon Builders Inc. Telephone: 919-353-0370
Building Contractor's Company Name
2139 Barbecue Church Rd. Email Address: Lyonp70@gmail.com
Address
56754 License #

Electrical Contractor Information

Description of Work: Electrical Service Size: 200 Amps T-Pole: Yes No
Wester & Pace Electric Telephone: 919-553-9194
Electrical Contractor's Company Name
Address _____ Email Address _____
12007-U License #

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name Telephone _____
Address _____ Email Address _____
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address _____ Email Address _____
License #


Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone _____

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

4-3-19
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:

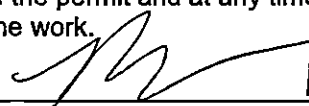
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  President

Date: 4-3-19