



Application # \_\_\_\_\_

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: KAYLA COWDEN Date: 7/12/2019  
Site Address: 191 COUNTRYSIDE DR. Phone: 334-868-7622  
Subdivision: OAKMONT Lot: 92  
Description of Proposed Work: INGROUND SWIMMING POOL, SPA, SIDEWALK

**General Contractor Information**

POOL PARADISE LLC (919) 200-1903  
Building Contractor's Company Name Telephone  
400 WILDWOOD FARM WAY, 27540 poolparadise7@gmail.com  
Address Email Address  
5051D:1630177  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: 60 Amps T-Pole:  Yes \_\_\_ No  
HARTE POOL WIRING & LIGHTING 919-605-3612  
Electrical Contractor's Company Name Telephone  
7709 NCHWY55 SOUTH, WILLOW SPRING harte pool wiring and lighting @  
Address 27592 gmail.com  
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

7/12/2019  
\_\_\_\_\_  
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:

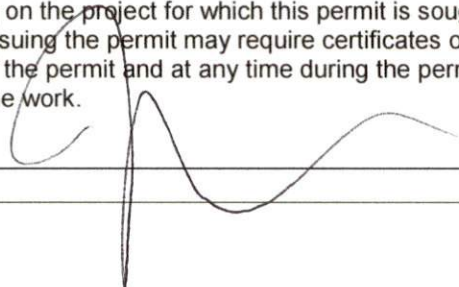
\_\_\_\_\_ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

\_\_\_\_\_ 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: 7/12/2019

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 1074479

Filed on: 07/12/2019

Initially filed by: poolparadise

**Designated Lien Agent**

Chicago Title Company, LLC

**Online:** [www.liensnc.com](http://www.liensnc.com) <http://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](mailto:support@liensnc.com) <mailto:support@liensnc.com>

**Project Property**

Inground swimming pool and spa.  
Subdivision- Oakmont, Lot 92  
191 Countryside Dr.  
Lillington, NC 27546  
Harnett County

**Property Type**

1-2 Family Dwelling

**Date of First Furnishing**

07/19/2019

**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**

Pool Paradise LLC  
400 Wildwood Farm Way  
Holly Springs, NC 27540  
United States  
Email: [poolparadise7@gmail.com](mailto:poolparadise7@gmail.com)  
Phone: 919-200-1903

View Comments (0)

**Technical Support Hotline:** (888) 690-7384

## Details: Notice to Lien Agent

Entry #: 1074480 | Linked to: #1074479

Filed on: 07/12/2019

Initially filed by: poolparadise

Status:

Active -

Expires on 07/12/2024

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### Parent Filings Information

Linked to Appointment of Lien Agent with ID: 1074479

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### Potential Lien Claimant Information

**Pool Paradise LLC**  
400 Wildwood Farm Way  
Holly Springs, NC 27540 United States  
  
Phone: 919-200-1903  
Fax:  
Email: poolparadise7@gmail.com

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### Contracted Through

Pool Paradise LLC

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### Project Property

Inground swimming pool and spa. Subdivision- Oakmont, Lot 92  
191 Countryside Dr.  
Lillington, NC 27546  
Harnett County

#### Attention:

I hereby give notice of my right subsequently to pursue a claim of lien for improvements to the real property described in this notice.

[View Comments \(0\)](#)

**Technical Support Hotline:** (888) 690-7384