

\* 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 # \_\_\_\_\_

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Phone 910-893-7525 Fax 910-893-2793 www.hamett.org

**Application for Residential Building and Trades Permit**

Owner's Name: Tommy/Lisa Long Date: 11/31/20

Site Address: 3958 Barbecue Child Support NC Phone: \_\_\_\_\_

Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: 30 X 76 off frame mod 7x20 app shed #Bedrooms: 4  
Heated SF 2280 Unheated SF 920 Finished Rec Room? \_\_\_\_\_ Crawl Space  Slab ( )

**General Contractor Information**

TCC Underbuilt LLC 919-770-4413 (Wesley)  
Building Contractor's Company Name Telephone  
3300 Jefferson Davis Hwy Sanford NC 27332 43964  
Address License #

Must sign & fill out second page

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

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps TPole: yes/no  
Carolina Power Generators Inc. 910-947-7207  
Electrical Contractor's Company Name Telephone  
3700 Hwy 15/501 Carthage NC 28327 32340  
Address License #

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_  
Carolina Air Heating Cooling Inc. 910-947-7207  
Mechanical Contractor's Company Name Telephone  
3700 Hwy 15/501 Carthage NC 28327 23549  
Address License #

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
HR Curtis 919-770-0168  
Plumbing Contractor's Company Name Telephone  
6314 Carthage Rd Sanford NC 27330 10924  
Address License #

Signature of Officer(s) of Corporation

**Insulation Permit Information**

Insulation Contractor's Company Name & Address Telephone

### Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

- 1. Do you own the land on which this building will be constructed?     yes     no
- 2. Have you hired or intend to hire an individual to superintend and manage construction of the project?     yes     no
- 3. Do you intend to directly control & supervise construction activities?     yes     no
- 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?     yes     no
- 5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the 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.

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

1/31/20

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: JCC Vanderbuit LLC

Sign w/Title: [Signature] Officer/Agent Date: 1/31/20


**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 1176830

Filed on: 01/22/2020

Initially filed by: Burtonbr

<p><b>Designated Lien Agent</b></p> <p>Fidelity National Title Company, LLC</p> <p>Online: <a href="http://www.liensnc.com">www.liensnc.com</a> (<a href="mailto:support@liensnc.com">mailto:support@liensnc.com</a>)</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: <a href="mailto:support@liensnc.com">support@liensnc.com</a> (<a href="mailto:support@liensnc.com">mailto:support@liensnc.com</a>)</p>	<p><b>Project Property</b></p> <p>3958 BARBECUE CHURCH RD Sanford, NC 27332 Harnett County</p> <hr/> <p><b>Property Type</b></p> <p>1-2 Family Dwelling</p>	<p><b>Print &amp; Post</b></p>  <p><b>Contractors:</b> Please post this notice on the Job Site.</p> <p><b>Suppliers and Subcontractors:</b> 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><b>Owner Information</b></p> <p>Tommy &amp; Lisa Long 125 Fairway Ln Sanford, NC 27332 Usa Email: none@none.com Phone: 254-833-3542</p>	<p><b>Date of First Furnishing</b></p> <p>01/22/2020</p>	

View Comments (0)

Technical Support Hotline: (888) 690-7384