

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: Michael Brown Date: 3-5-2
 Site Address: 1367 Wade Stephenson Rd Phone: 919 723-7912
 Subdivision: _____ Lot: _____
 Description of Proposed Work: 16x36 Pool Total Job Cost: 33,000

General Contractor Information

Prestige Pools Telephone: 919 779 1033
 Building Contractor's Company Name
3021 Villa wood Circle Email Address: KLCO Prestige Pools NC.com
 Address
L 6279
 License #

Electrical Contractor Information

Description of Work _____ Service Size: 100 Amps T-Pole: Yes No
Amped Electare Telephone: 919 425 6180
 Electrical Contractor's Company Name
510 Dunning Rd Benson Email Address: Amped@gmail.com
 Address
I 30129
 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 #

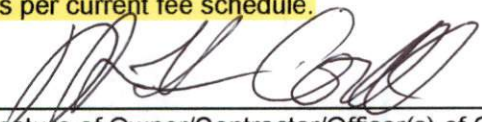
Insulation Contractor Information

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

3-5-20

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.

Sign w/Title:  President Date: 3-5-20

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1201243

Filed on: 03/05/2020

Initially filed by:

Keith@prestigepoolsnc.com

Designated Lien Agent

Stewart Title Guaranty Company

Online: 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>)

Project Property

1367 Wade Stephenson Rd
Holly Springs, NC 27540
NC County

Property Type

1-2 Family Dwelling

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

Keith m COWELL
3021 VILLAWOOD CIRCLE
RALEIGH, NC 27603
United States
Email: keith@prestigepoolsnc.com
Phone: 919-349-4739

Date of First Furnishing

03/16/2020

View Comments (0)

Technical Support Hotline: (888) 690-7384

Details: Notice to Lien Agent

Entry #: 1201264 | Linked to: #1201243

Filed on: 03/05/2020

Initially filed by:

Keith@prestigepoolsnc.com

Status:

Active -

Expires on 03/05/2025

Parent Filings Information

Linked to Appointment of Lien Agent with ID: 1201243

Potential Lien Claimant Information

Keith m COWELL
3021 VILLAWOOD CIRCLE
RALEIGH, NC 27603 United States
Phone: 919-349-4739
Fax:
Email: keith@prestigepoolsnc.com

Contracted Through

Michael Brown

Project Property

1367 Wade Stephenson Rd
Holly Springs, NC 27540
NC 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 \(0\)](#)

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