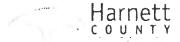
Harnett

		Application #
* Each section below to be filled out by whomever performing work.	Harnett County Central Permittin PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.o	
Must be owner or licensed contractor. Address, company name & phone must match information on license.	Application for Residential Building and T	rades Permit
Owner's Name: 5-1	ephen Kinzer	Date: 4 19 20
Site Address: 175 Rolling Pines Dr. Fayetla: 11e, Mc Phone: 910-336-1165		
Subdivision: Moder SON Creek Creamage ton and in		
Description of Proposed Work: restoration from fire form 50 East: \$90,000.00		
110003977	General Contractor Informatio	0 (1 7)
Building Contractor's C	The state of the s	910-435-6738 Telephone
Address C. C.	ton Rd. Fay MC 38312	greg. Mccall Oteamhigh bac Email Address, Com
License #		
, Electrical Contractor Information		
Description of Work !	Service Size:	Amps T-Pole: Yes No
Electrical Contractor's C	Company Name	Telephone
7 × × × × × × × × × × × × × × × × × × ×		woselectricalive.com
Address 19628-U	-	Email Address
License #	Mechanical/HVAC Contractor Inform	mation
Description of Work		
A C Man L' Medhanical Contractor's	leating & A, v	910-797-4287 Telephone
1817 Geiberg		inail Address quallicum
316332	-	3.
License # Plumbing Contractor Information		
Description of Work	rambing contractor internation	# Baths
Plumbing Contractor's C	Company Name	910-920-3908 Telephone
1109 Hope	Mills Rd. Fay. nc 28304	Email Address
33076	_	
License # Insulation Contractor Information		
Tri Citur	Insubtion	910-436-8855
Insulation Contractors	Company Name & Address	Telephone
Atlanta G *NOTE: General G	A 30353 Contractor Fowner 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

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 me during the permitted work from any person, firm or corporation carrying out the work. General Maragel Date: 6/19/20 Sign w/Title:\_

Electrical Scope:

Replacing burnt wiring in kitchen, installing

smoke detectors. Replacing 6 light switches in

Kitchen. #

Mechanical/HVACi Enstalling new unit and ducts (no work in naster bedroom)

Plumbing:
Rerunning drain pipes, Install showers, toilet,
Nater heater, and water and waste lines in
the ceilings.

Insulation! Installing in walls and ceilings

## DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 1265620

Filed on: 06/30/2020 Initially filed by: Highland

## Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

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

Email: support@ilensnc.com வக்கடிகள்

Owner Information

Highland Office 1409 Clinton Road Fayetteville, NC 28312 United States

Email: kenny.strickland@highland-inc,com

Phone: 910-485-6738

**Project Property** 

Kinzer Stephin Douglas Husband, Parcel ID 01053509 0100 40 per Harnett County records

175 Rolling Pines Dr. Spring Lake, NC 28390 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

03/03/2020

View Comments (0)

Technical Support Hotline: (888) 690-7384

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