

Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Application #

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Stephanie mckinney	Date Fcb 7, 2022	
Site Address: 73 Aveny Pond Dr. Francy Varin		
Subdivision: Avery Pand	27526 Lot #3	
7	_ Total Job Cost _10, Coo .	
General Contractor Information		
Building Contractor's Company Name	Telephone	
see above.	relephone	
Address	Email Address	
HEATED SQ FT	Q FT	
License #		
Description of Work Run electric to pool DUMO/ Service Size:	<u>n</u> Amps T-Pole: Yes No	
Power Masters 1 11gnt	919-557-4477	
Electrical Contractor's Company Name	Telephone	
1621 Purfoy Rd Ste 101 Figurar Valleyia	<u>sqalicia@ power masterela</u>	
Address NC 27526	Email Address	
1.13673 License #		
Mechanical/HVAC Contractor Information		
Description of Work NA		
Mechanical Contractor's Company Name	Telephone	
Address	F	
Addless	Email Address	
License #		
Plumbing Contractor Information		
Description of Work Install Connect pipes for ped pur	Baths NA	
Rising Sin & Pools	919-851-9700	
Plumbing Contractor's Company Name	Telephone	
5608 Hillsborough St. Kaleigh NC	-	
Address allow	Email Address	
License #		
Insulation Contractor Information		
NA		
Insulation Contractor's Company Name & Address		

*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

Affida	it for Worker's Co	ompensation N.C.G.S. 87-14
The undersigned applicant bei		
General Contractor	Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under pena set forth in the permit:	Ities of perjury that the	person(s), firm(s) or corporation(s) performing the work
Has three (3) or more e	mployees and has obta	ained workers' compensation insurance to cover them.
Has one (1) or more sul	ocontractors(s) and has	s obtained workers' compensation insurance to cover
Has one (1) or more subcovering themselves.	ocontractors(s) who has	s their own policy of workers' compensation insurance
X Has no more than two (2) employees and no s	subcontractors.
Department issuing the permit to issuance of the permit and a	may require certificates t any time during the p	ought it is understood that the Central Permitting s of coverage of worker's compensation insurance prior ermitted work from any person, firm or corporation
carrying out the work. Sign w/Title	anne Lockaux r	holinney (homeowner Bate: 2/7/2022

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT PURSUANT TO G.S. 87-14(2)(1)

County of Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered: Avery Fond Dr., Fuguary Valeuna hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-5 below and attesting to the following: 1 Certify that I am the owner of the property set forth above on which this building is to be constructed or altered; OR I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: 2. Will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina; 3. Will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina; 4. I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422. 5. The building will be solely occupied by the owner(s), firm or corporation as set forth above for at least twelve (12) months following completion. This AFFIDAVIT applies to the following trades: Plumbing Mechanical Electrical **V**Building The total cost of this project is $\frac{70}{100}$. (Signature of Affiant) Sworn to (or affirmed) and Subscribed before me this the Signature of Notary Public Printed Name of Notary Public My Commission Expires: 11 - 01-24

(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to OT

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1623833

Filed on: 01/31/2022

Initially filed by: S.A.McKinney

Designated Lien Agent

Stewart Title Guaranty Company

Online: www.liensnc.com (http://www.liensnc.com)

Address: 223 S. West Street, Suite 900 /

Raleigh, NC 27603 **Phone:** 888-690-7384 **Fax:** 913-489-5231

Email: support@liensnc.com (mailto:support@liensnc.com

Project Property

Avery Pond Subdivision, Lot 3 73 Avery Pond Dr Fuquay-Varina, NC 27526 Harnnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

02/28/2022

Owner Information

Stephanie McKinney 73 Avery Pond Dr Fuquay-Varina, NC 27526 United States

Email: mckinneystepha@gmail.com

Phone: 570-971-4657

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384