

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1997196

Filed on: 09/12/2023

Initially filed by: Burtonbr

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com (<mailto:support@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

656 Black Ln
Lillington, NC 27546
Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

09/12/2023

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

Brian & Shelby McConnell
263 Black Ln

Lillington, NC 27546
usa

Email: none@none.com
Phone: 919-215-0527

View Comments (0)

Technical Support Hotline: (888) 690-7384



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: Brian / Shelby McConnell Date: 9/18/23
Site Address: 656 Block Ln Lillington NC Phone: 919-215-0627
Subdivision: _____ Lot: _____
Description of Proposed Work: 30X74 off frame modular w/ 7X22 front porch

General Contractor Information

TCC Vanderbilt LLC 919-770-4413
Building Contractor's Company Name Telephone
3700 Jefferson Davis Hwy Sanford NC 27332 Woodslyhbr@hotmail.com
Address Email Address
H3964

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes No
Carolina Power Generators Inc. 910-585-4883
Electrical Contractor's Company Name Telephone
420 Nc Hwy 151501 Carthage NC 28327
Address Email Address
32340

Mechanical/HVAC Contractor Information

Description of Work _____
Curling Air Heat & Cool Inc. 910-947-7207
Mechanical Contractor's Company Name Telephone
3700 Hwy 151501 Carthage NC 28327
Address Email Address
34838

Plumbing Contractor Information

Description of Work _____ # Baths _____
H R Curtis 919-770-0168
Plumbing Contractor's Company Name Telephone
6314 Carbonator Rd Sanford NC 27330
Address Email Address
10924

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.



9/21/23

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

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:  Officer Agent

Date: 9/18/23