

## LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent

Robert E Brackley, Jr

Mailing address of Agent

464 Bluff Ridge Lane

Angier, N.C. 27501

Physical address of Agent

SAME Robert & Susan Brackley

170 Clover Ridge, Angier, NC 27501

Telephone

207-491-4778

Fax

Email

brackleys@gmail.com

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

“(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.”

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.

**Application for Residential Building and Trades Permit**

Owner's Name Robert Snackley Jr Date 12-30-16  
Site Address 464 Bluff Ridge Lane Phone 207-491-4778  
Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Robert Snackley Jr  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Robert Snackley Jr Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Robert Snackley Jr  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Robert Snackley Jr # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

Robert Snackley Jr  
Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

\*NOTE General Contractor 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

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

12-30-16  
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

Robert Egan  
Company or Name

Robert Egan  
Sign w/Title

12-30-16  
Date

	Page 3
Application Number . . . . .	Date 12/30/16
Property Address . . . . .	
PARCEL NUMBER . . . . .	
Application description . . .	
Subdivision Name . . . . .	
Property Zoning . . . . .	

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . . RESIDENTIAL BUILDING PERMIT					
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
999	113	B113	R*BLDG WATER/DAMP PROOFING	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
999	429	R429	FOUR TRADE FINAL	_____	___/___/___
999	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	329	R329	THREE TRADE FINAL	_____	___/___/___
999	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___
Permit type . . . . . RESIDENTIAL ELECTRICAL PERMIT					
999	211	E211	R*ELEC ABOVE CEILING	_____	___/___/___
999	217	E217	R*ELEC RECONNECT	_____	___/___/___
999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
999	215	E215	R*ELEC. UND. POOL	_____	___/___/___
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
Permit type . . . . . RESIDENTIAL INSULATION PERMIT					
999	185	I185	C*INSULATION INSPECTION	_____	___/___/___
999	129	I129	R*INSULATION INSPECTION	_____	___/___/___

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Application Number . . . . . 16-50039763  
Property Address . . . . . 464 BLUFF RIDGE LN  
PARCEL NUMBER . . . . . 04-0664- - -0092- -52-  
Application description . . . CP ADD & ALTER RESIDENTIAL  
Subdivision Name . . . . . SANDRA STEPHENSON  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . . LAND USE PERMIT					
Permit type . . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION		/ /
999	820	Z820	PZ*ZONING/FINAL INSPECTION		/ /
Permit type . . . . . RESIDENTIAL MECHANICAL PERMIT					
999	409	M409	R*GAS PIPING		/ /
999	407	M407	R*MECH ABOVE CEILING		/ /
999	405	M405	R*MECHANICAL UNDERGROUND		/ /
999	131	R131	ONE TRADE FINAL		/ /
999	125	R125	ONE TRADE ROUGH IN		/ /
Permit type . . . . . NOTIFICATION PERMIT					
999	800	H800	ENVIR. HLTH. CONFIRMATION	OT AP	10/21/16
999	804	F804	FIRE MARSHAL PLAN REVIEW		/ /
999	806	P806	PLANNING REVIEW		/ /
999	802	B802	BLDG PLAN REVIEW		/ /
999	826	H826	ENVIR HLTH/SANI PLAN REVIEW		/ /
Permit type . . . . . RESIDENTIAL PLUMBING PERMIT					
999	305	M305	R*PLUMB SEWER CONNECTION		/ /
999	307	P307	R*PLUMB WATER CONNECTION		/ /
999	309	P309	R*PLUMB UNDER SLAB		/ /
999	131	R131	ONE TRADE FINAL		/ /
999	125	R125	ONE TRADE ROUGH IN		/ /
999	315	P315	R*PLUMB HW HEATER		/ /

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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Application Number . . . . .	16-50039763	Date 12/30/16
Property Address . . . . .	464 BLUFF RIDGE LN	
PARCEL NUMBER . . . . .	04-0664- - -0092- -52-	
Application type description	CP ADD & ALTER RESIDENTIAL	
Subdivision Name . . . . .	SANDRA STEPHENSON	
Property Zoning . . . . .	RES/AGRI DIST - RA-30	

Owner

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BRACKLEY ROBERT E JR & SUSAN  
464 BLUFF RIDGE LANE  
ANGIER NC 27501

Contractor

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OWNER

Applicant

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BRACKLEY ROBERT

(207) 491-4778

--- Structure Information 000 000 REBUILDING 58X87 4BDR

Flood Zone . . . . . FLOOD ZONE X

Other struct info . . . . . # BEDROOMS 4.00

SEPTIC - EXISTING?

NEW TANK  
COUNTY

WATER SUPPLY

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Permit . . . . . RESIDENTIAL BUILDING PERMIT

Additional desc . . . . .

Phone Access Code . . . . . 1173079

Issue Date . . . . . 12/30/16

Valuation . . . . . 0

Expiration Date . . . . . 12/30/17

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Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT

Additional desc . . . . .

Phone Access Code . . . . . 1173087

Issue Date . . . . . 12/30/16

Valuation . . . . . 0

Expiration Date . . . . . 12/30/17

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Permit . . . . . RESIDENTIAL INSULATION PERMIT

Additional desc . . . . .

Phone Access Code . . . . . 1173103

Issue Date . . . . . 12/30/16

Valuation . . . . . 0

Expiration Date . . . . . 12/30/17

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Permit . . . . . LAND USE PERMIT

Additional desc . . . . .

Phone Access Code . . . . . 1173111

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HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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Application Number . . . . .	16-50039763	Page	2
Issue Date . . . . .	12/30/16	Date	12/30/16
Expiration Date . . . . .	6/28/17	Valuation . . . . .	0

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Permit . . . . .	RESIDENTIAL MECHANICAL PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1173129		
Issue Date . . . . .	12/30/16	Valuation . . . . .	0
Expiration Date . . . . .	12/30/17		

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Permit . . . . .	NOTIFICATION PERMIT		
Additional desc . . . . .	NEW TANK		
Phone Access Code . . . . .	1159466		
Issue Date . . . . .	9/19/16	Valuation . . . . .	0

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Permit . . . . .	RESIDENTIAL PLUMBING PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1173137		
Issue Date . . . . .	12/30/16	Valuation . . . . .	0
Expiration Date . . . . .	12/30/17		

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Special Notes and Comments

THE BLUFFS AT CROSSLINKS

T/S: 12/30/2016 02:41 PM LBENNETT --

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