

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**  
Entry #: 502094

Filed on: 07/22/16  
Initially filed by:

**Designated Lien Agent**

**Project Property**

**Print & Post**

Chicago Title Company, LLC

1707 Neighbors Rd.  
Dunn, NC 28334  
Harnett County



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)

**Property Type**

1-2 Family Dwelling

**Contractors:**

Please post this notice on the Job Site.

**Suppliers and Subcontractors:**

Scan this image with your smart phone view this filing. You can then file a No to Lien Agent for this project.

**Owner Information**

Eric Sealey  
1707 Neighbors Rd.  
Dunn, NC 28334  
United States  
Email: [patsy@gogreenfieldhomes.com](mailto:patsy@gogreenfieldhomes.com)  
Phone: 919-772-2220

View Comments (0)

**Technical Support Hotline: (888) 690-7384**

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

1650038353

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 Eric & Ashley Sealey Date 25 Jul 2016

Site Address 1707 Neighbors Rd Dunn NC 28334 Phone \_\_\_\_\_

Directions to job site from Lillington Head West on East Front St toward South 1st St, turn right onto South Main St, turn right on US-421 South, turn left on Leslie Campbell Ave, at traffic circle take 2nd exit & stay on Leslie Campbell Ave get on 27, right on Hodges Chapel Rd, turn right onto Neighbors Rd

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work Modular Bond # of Bedrooms 3

Heated SF 1,933 Unheated SF \_\_\_\_\_ Finished Bonus Room? N/A Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Modular Bond

(919) 772-2220

Building Contractor's Company Name GREENFIELD HOUSING CENTER

Telephone

Address Surety Bond attached

Email Address

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole  Yes  No

Shockey Services Co Inc

(919) 710-1300

Electrical Contractor's Company Name 7713 Fox Knoll Drive Fuquay Varina NC

Telephone

Address 24742-SP

Email Address

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Shockey Services Co Inc Telephone (919) 710-1300

Mechanical Contractor's Company Name 7713 Fox Knoll Drive Fuquay Varina NC

Telephone

Address 24742-SP

Email Address

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Priority Plumbing # Baths 2 Telephone (919) 422-4935

Plumbing Contractor's Company Name P.O. Box 264

Telephone

Address 18550

Email Address

License # \_\_\_\_\_

N/A

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

\*NOTE General Contractor must fill out and sign the second page of this application

GREENFIELD HOUSING  
2117 HWP TO EAST CAR

(919) 772-2220

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

Mark Craft - (CONSTRUCTION MANAGER)      25 JUL 2016  
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

Company or Name GREENFIELD HOUSING  
Sign w/Title CONSTRUCTION MANAGER      Date 25 JUL 2016

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.

Application Number . . . . .	16-50038353	Page	3
Property Address . . . . .	94057 *UNASSIGNED	Date	8/17/16
PARCEL NUMBER . . . . .	02-1528- - -0115- -04-		
Application description . . .	CP MODULAR HOME		
Subdivision Name . . . . .			
Property Zoning . . . . .	RES/AGRI DIST - RA-30		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
Permit type . . . . MODULAR PERMIT					
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
20-50	163	C163	C*BLDG FLOOR FRAMING	_____	___/___/___
30-40	119	B119	R*MOD MARRIAGE WALL	_____	___/___/___
40-50	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-50	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-50	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-50	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___

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 . . . . . 16-50038353 Date 8/17/16  
Property Address . . . . . 94057 \*UNASSIGNED  
PARCEL NUMBER . . . . . 02-1528- - -0115- -04-  
Application type description CP MODULAR HOME  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner

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SEALEY ERIC M & ASHLEY M  
619 NEIGHBORS RD  
DUNN NC 28334

Contractor

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GREENFIELD HOUSING CENTER  
2117 US HWY 70 E  
HIGHFALLS NC 27259  
(919) 772-2220

Applicant

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SEALY ERIC  
619 NEIGHBORS RD  
DUNN NC 28334  
(910) 984-5579

--- Structure Information 000 000 66X32 3BDR OFF FRAME MOD  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
PROPOSED USE SFD  
SEPTIC - EXISTING? NEW SEPTIC  
WATER SUPPLY COUNTY

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Permit . . . . . LAND USE PERMIT

Additional desc . . .  
Phone Access Code . 1151372  
Issue Date . . . . . 8/17/16 Valuation . . . . . 0  
Expiration Date . . . 2/13/17

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Permit . . . . . MODULAR PERMIT

Additional desc . . .  
Phone Access Code . 1151364  
Issue Date . . . . . 8/17/16 Valuation . . . . . 0  
Expiration Date . . . 8/17/17

Special Notes and Comments

S: 03/30/2016 09:28 AM LBENNETT --  
FROM LILLINGTON TRAVEL 421 S TOWARDS  
DUNN - TURN LEFT ON S. ELLIS AVE  
CONTINUE ON US-301 N FOR 3.5 MILES -  
THEN TURN LEFT ONTO NEIGHBORS RD -  
PROPERTY WILL BE ON THE LEFT - 1/4 MILE  
ONTO NEIGHBORS RD

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HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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Application Number . . . . . 16-50038353

Page 2  
Date 8/17/16  
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Special Notes and Comments

XX

PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB

INSULATION AND LAND USE.

XX

Work must conform and comply with the  
STATE BUILDING CODE and all other State  
and local laws, ordinances & regulations

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\_\_\_\_\_  
\_\_\_\_\_