			43630
* Each section below to be filled out by whomever performing work. Must be owner		Application #	
or licensed contractor. Address, company name & phone must match information on	Harnett County Central Per PO Box 65 Lillington, NC 275	mitting 546	
	hone 910-893-7525 Fax 910-893-2793 ation for Residential Building a	www.harnett.org	nit
Owner's Name: <u>Le land</u> Site Address: <u>7615</u> NC 22	West Lillington		721. 8242
	<i>,</i>	Priorie	- / 0 / 00/-
Directions to job site from Lillingto	in:		
		····	
		1 ot:	
Subdivision: Description of Proposed Work: _	30 X14 Alton malth	Lot:	
Heated SF2220 Unheated S	E 1401 Einished Res Room'	medioo	Crawl Space ( Slah ()
• • •	General Contractor Inforr	nation	
TCC Vanderbuilt UC	919-	- 774- 631	<u> </u>
Building Contractor's Company N	ame Télephon bung Santard IV. 27	ne 737	43964
Address $\Lambda$ .	Many Junis of al M	110	License #
l	Must sign	a & fill out second p	age
Signature of Owner/Contractor/Of	ficer(s) of Corporation		• -
Description of Work	Electrical Permit Inform Service Size:	<u>አማር</u> Amps T	Pole: yes/no
CAROLENA AZA INC	910.	947-7707	
Electrical Contractor's Company I	Name Telephor	ne	
3700 Hung 15-501 Ca	rthage NC 28327		32340 License #
Address	ĺ		Liçense #
Signature of Officer(s) of Corpora			
	Mechanical Permit Inform	nation	
Description of Work	· _ ·	0	1201
<u>CAROLIN'4 Hin I</u> Mechanical Contractor's Compan	v Name :	<u>910-947-</u> Telephone	
•	rthage NC 28327	•	23549
Address	1		License #
Any Bullad			
Signature of Officer(s) of Corpora	tion <u>Plumbing Permit Inform</u>	ation	
Description of Work	<b>9</b> .	# Baths	
HR Curtis	<b>*</b>	919-778	-0169
Plumbing Contractor's Company	Sanaford NC 27330	Telephone	0924
Address /	unique NC Little		License #
Aller			
Signature of Officer(s) of Corpora		ation	
	Insulation Permit Inform	auon	
Insulation Contractor's Company	Name & Address		Telephone

Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)
1. Do you own the land on which this building will be constructed?yes no
<ol> <li>Have you hired or intend to hire an individual to superintend and manage construction of the project?</li> </ol>
3. Do you intend to directly control & supervise construction activities? yes no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be yes no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?
yesno
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 if <u>any</u> 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 apponsibility to notify the Harnett County Central Permitting Department of any and all changes.
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:       Image: Image

Application #\_

-

Filed on: 05/29/2018

Initially filed by: Burtonbr

# DO NOT REMOVE!

# **Details: Appointment of Lien Agent**

Entry #: 859175

## **Designated Lien Agent**

**Project Property** 

Fidelity National Title Company, LLC

Ouline: www.fiensnc.com.org.www.team.com Address: 19 W. Hargen St., Suite 507 / Raleigh, NC 27601 Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com mate apparetenan com

PtN - 0528-01-9452.000 PtD - 130528 0157 03 NC Hwy 27 Lillington, NC 27932 Harnett County

Property Type

1-2 Family Dwelling

05/29/2018

# 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**

### Date of First Furnishing

Leland & Melissa Johnson 1850 Kenwood Ave Spring Lake, NC 28390 United States Email: none@none.com Phone: 919-721-8242

View Comments (0)

Technical Support Hotline: (888) 690-7384