

09/09/11

Application #

13.50032390

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

Willed
4.27.15

Owner's Name WES AND JESSICA JARDUEL Date _____

Site Address 492 ROLLINS MILL RD FURWAY VARINA Phone _____

Directions to job site from Lillington HWY 401 N. LEFT ONTO CHRISTIAN LIGHT RD
LEFT ONTO WAGSTAFF RD. LEFT ONTO HWY 42
RIGHT ONTO ROLLINS MILL. JOB ON RIGHT.

Subdivision NA Lot _____

Description of Proposed Work NEW SINGLE FAMILY # of Bedrooms 4

Heated SF 3070 Unheated SF 1530 Finished Bonus Room? Crawl Space Slab _____

General Contractor Information

Building Contractor's Company Name BRAD D. Cummins's CONST. CO. INC Telephone 919 770 4693

Address PO BOX 145 STANFORD NC 27580 Email Address BRAD.Cummins@YAHOO.COM

License # _____

Electrical Contractor Information

Description of Work NEW 400 AMP SERVICE Service Size 400 Amps T-Pole Yes No

Electrical Contractor's Company Name PIONEER ELECTRIC Telephone 499-7767

Address LILLINGTON NC 27546 Email Address _____

License # 21643

Mechanical/HVAC Contractor Information

Description of Work CAROLINA AIR, INC - NEW HVAC - 2 SYSTEMS Telephone 910-947-7707

Mechanical Contractor's Company Name CAROLINA AIR, INC Email Address _____

Address 23549 License # _____

NEW PLUMBING Plumbing Contractor Information

Description of Work NEW PLUMBING # Baths 3 1/2

Plumbing Contractor's Company Name WAGNER PLUMBING Telephone 890-2299

Address LILLINGTON NC 27546 Email Address _____

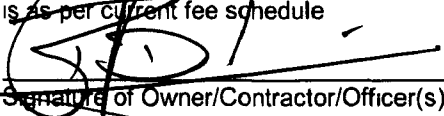
License # 31576

Insulation Contractor Information

Insulation Contractor's Company Name & Address TRI CITY Telephone 910-486-8855

*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


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

27-APRIL-2015
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 BURD D. COMMINGS

Sign w/Title PRES Date 27-APRIL-2015

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 274876

Filed on: 04/08/2015

Initially filed by: brad_cummings

Designated Lien Agent

Old Republic National Title Insurance Company

Online: 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

Project Property

492 Rollins Mill Rd.
Fuquay Varina, NC 27526
Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

05/01/2015

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

Wes and Jessica Jarriel
6224 Lake Terrace Dr
Holly Springs, NC 27540
United States
Email: wes.jarriel@hollyspringsnc.us
Phone: 919-236-7497

View Comments (0)

Technical Support Hotline: (888) 690-7384