

Harnett County Central Permitting  
PO Box 66 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 RUSSELL HART Date 03 07 - 17  
Site Address 255 SHERMAN PINES DR., FUGHAY VARINA, NC Phone 919-762-6556  
Directions to job site from Lillington RTE 401 N, LEFT ONTO SHERMAN PINE DR.

Subdivision SHERMAN PINES Lot 5  
Description of Proposed Work BUILD SINGLE FAMILY DWELLING # of Bedrooms 3  
Heated SF 2400 Unheated SF 0 Finished Bonus Room?      Crawl Space  Slab     

**General Contractor Information**

HART STRUCTURES INC. 919-762-6556  
Building Contractor's Company Name Telephone  
35 SHERMAN PINES DR., FUGHAY VARINA, NC RHOMES50@GMAIL.COM  
Address 27526 Email Address  
76657  
License #

**Electrical Contractor Information**

Description of Work NEW HOME - FULL SVC. Service Size 200 Amps T-Pole  Yes      No  
PATRICK ELECTRICAL CONTRACTORS LLC 910-893-5774  
Electrical Contractor's Company Name Telephone  
LILLINGTON, NC 27546 TOMMYPATRICK910@GMAIL.COM  
Address Email Address  
4910  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NEW HOME - FULL HVAC SYS.  
STEPHENSON HEATING & AIR COND. 919-329-0686  
Mechanical Contractor's Company Name Telephone  
GARNER, NC 27529 STEPHENSONHVAC@AOL.COM  
Address Email Address  
18644  
License #

**Plumbing Contractor Information**

Description of Work NEW HOME - COMPL. PLUMBING # Baths 2.5  
JR WAGNER PLUMBING 910-890-2299  
Plumbing Contractor's Company Name Telephone  
LILLINGTON, NC 27552 WAGNERPLUMBINGCO  
Address Email Address  
31576  
License #

**Insulation Contractor Information**

INSULATION INC., RALEIGH, NC 919-772-9000  
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 Hamett 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 Hamett 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

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

5/2/18  
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 RUSSELL HART

Sign w/Title Russell Hart / owner Date 5/2/18

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: **844980**

Filed on: **05/02/2018**

Initially filed by: **rhhomes**

**Designated Lien Agent**

Investor: Title Insurance Company

Online: [www.tic.com](http://www.tic.com)

Address: 110 W. Hargett St., Suite 907, Raleigh, NC 27601

Phone: 888-911-1000

Fax: 919-894-1100

Email: [appo@titleins.com](mailto:appo@titleins.com)

**Project Property**

Single Family Residence  
205 Sherman Pines Dr  
Fuquay Varina, NC 27526  
Wake County

**Property Type**

1-2 Family Dwelling

**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**

Russell Hart  
205 Sherman Pines Dr  
Fuquay Varina, NC 27526  
United States  
Email: [rhhomes7@gmail.com](mailto:rhhomes7@gmail.com)  
Phone: 919-952-6456

**Date of First Furnishing**

05/20/2018

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**Technical Support Hotline:** (888) 694-7184