Application #

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

Owners Name RUSSELL HART	Date 06-17-16
29 ALBAN ROW (LOT # 27)	FV Phone 919-762-65
Directions to job site from Lillington RTE 401 NORTH,	RT ONTO
RAWLS CLUB, LFT ONTO ALBAN ROLL	No.
RAWLS CLUB, CHI UNITE HOSTING	
	Lot# 027
Subdivision MAGNOLIA CREST	# of Bedrooms 4
Description of Proposed Work SINGLE FAMILY Home	Casual Space V Slah
Heated SF 2700 Unheated SF 600 Finished Bonus Room?  General Contractor Information	
General Contractor interests	919-762-6556
HART HOMES	Tolophone
Building Contractor's Company Name	RHHOMES50@ GMAIL, CO
296 MOONLIGHT DR.	Email Address
Address	
7667 License #	
Electrical Contractor Informa	tion T. Pole / Yes No
Description of Work ELECTRICAL - House Service Siz	910-893-5774
PATRICK ELECTRICAL CONTRS LLC	Telephone
Electrical Contractor s Company Name	Telephone
1309 NORTH MAIN ST.	Email Address
Address	Lillan 100.000
4910	
License # Mechanical/HVAC Contractor Info	ormation
Description of Work INSULATION - HOUSE	
STEPHENSON HEATING & AIR COND.	919-329-0686
STEPHENSON HEATING & TILL CONTROL	Telephone
Mechanical Contractor's Company Name	
343 SHIPWASH DR.	Email Address
Address	
18644	
License # Plumbing Contractor Informs	ation
Description of Work Pumbing - House	# Baths
JR WAGNER PLUMBING	910-890-2299
I IS INVIENCE I COLLIE	
Discharg Contractor's Company Name	Telephone
Plumbing Contractor's Company Name	
Plumbing Contractor's Company Name P. D. BUX 604	Email Address
Plumbing Contractor's Company Name P. D. BUX 604 Address	
Plumbing Contractor's Company Name P.O. BOX 604  Address 31576	Email Address
Plumbing Contractor's Company Name P.O. BOX 604  Address 31576  License # Insulation Contractor Inform	Email Address
Plumbing Contractor's Company Name P.O. BUX 604  Address 31576	Email Address

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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the X 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 Y 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 HART HOMES Sign w/Title Russell Hout

### DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 484020

Filed on: 06/16/2016 Initially filed by: rhhomes

#### Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (laby: Fartur liesqua, eten)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com/readite/support@liensee-monij

#### Owner Information

Russell Hart 296 Moonlight Dr Fuquay Varina, NC 27526 United States Email: rhhomes50@gmail.com Phone: 919-762-6556

View Comments (0)

#### **Froject Property**

Lot #27 Magnolia Crest 29 Alban Row Fuquay Varina, NC 27526 Harnett County

#### Property Type

1-2 Family Dwelling

### Date of First Furnishing

10/21/2015

## 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.

Technical Support Hotline: (888) 690-7384