

09/09/11

Application #

1050038433

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**

Owner's Name Lachary + Abigail Schachte Date 4/15/14

Site Address Rogers Rd Phone \_\_\_\_\_

Directions to job site from Lillington South on 401 to Fuquay. Turn Right on Wood Parkway then Right onto Angier Road. 2 miles (apprx.) then Right on Rogers Rd. Lot is at the end of dirt road on left.

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

Description of Proposed Work New Construction # of Bedrooms 3

Heated SF 2229 Unheated SF 527 Finished Bonus Room? \_\_\_\_\_ ~~Crawl Space~~  Slab \_\_\_\_\_

Angel Structures Inc  
Building Contractor's Company Name

basement unfinished 2229  
427-0641  
Telephone

P.O. Box 982 FVNC 27526  
Address

\_\_\_\_\_  
Email Address

#171073  
License #

**Electrical Contractor Information**

Description of Work New Construction Service Size 400 Amps T-Pole  Yes  No

D2 Services LLC  
Electrical Contractor's Company Name

919-669-3104  
Telephone

5105 Basel Dr. Holly Springs NC 27540  
Address

\_\_\_\_\_  
Email Address

24637-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Heat Pump - 3 ton unit

Barco Mechanical Inc  
Mechanical Contractor's Company Name

919-557-3354  
Telephone

122 Philemon Dr. Fuquay-Varina NC 27506  
Address

barcodd@barcomechanical.com  
Email Address

#18460 (H-2/H-3 class 1)  
License #

**Plumbing Contractor Information**

Description of Work New Construction - w/ well & septic # Baths 2 1/2

Thomas Justin Allen Plumbing Co.  
Plumbing Contractor's Company Name

919-301-1319 (cell)  
Telephone

7345 Shaddy Strail Ln. Willow Springs, NC 27592  
Address

\_\_\_\_\_  
Email Address

#29598  
License #

**Insulation Contractor Information**

Foselating Inc. 5902 Fayetteville Rd. Raleigh, NC 27603  
Insulation Contractor's Company Name & Address Telephone 919-772-9000

\*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

Angel Structures John B Curry 4-17-16  
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

Angel Structures, Inc

Sign w/Title

John B Curry Pres.

Date

4-17-16

**DO NOT REMOVE!**

## Details: Appointment of Lien Agent

Entry #: 466091

Filed on: 05/13/2016

Initially filed by: zschachle

### Designated Lien Agent

Fidelity National Title Company, LLC

Online: [www.liensnc.com](http://www.liensnc.com) [www.fntitle.com](http://www.fntitle.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) [support@fntitle.com](mailto:support@fntitle.com)

### Owner Information

Zachary Schachle  
224 east spring street  
Fuquay Varina, NC 27526  
United States  
Email: [zschachle@yahoo.com](mailto:zschachle@yahoo.com)  
Phone: 919-524-2291

### Project Property

pb 2013, pg 313, db 3169, pg 262 pin 0665-12-  
4943.000

rogers road  
fuquay varina, NC 27526  
harnett County

### Property Type

1-2 Family Dwelling

### Date of First Furnishing

06/13/2016

### 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.

View Comments (0)

Technical Support Hotline: (888) 690-7384