Application # 16500403

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

1 - 0 103
5-2-18) Date: 4-20-18
Varing/MPhone: 919-868-8294
turn right onto Harnett
s Harnett Central Rd or
hurch Rd, lot is on right
Lot: 4R
tome # of Bedrooms: 3
A_ Crawl Space: V_ Slab:
212 213 20011
919-868-8294
Lelenhone
Michaelan dersonhomes Qgmail.com Email Address
-
200Amps T-Pole: YesNo
<u>919 – 390 – 895 4</u> Telephone
relepnone
Email Address
Email Address
<u>ation</u>
919-369-2657
Telephone
Email Address
n o
-
Baths 🔍
919-669-4650 Telephone
relephone
Email Address
2.114.17.144.1666
<u>n</u> 0/0 0
919-772-9000
Telephone

*NOTE: General Contractor / owner 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 bysigning-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:
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: Michael Anderson Homes, Inc.
Sign within Micha Pen derson resident por 4-20-18

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 870885

Filed on: 06/18/2018

Initially filed by: mlanderson7

Designated Lien Agent

Stewart Title Guaranty Company

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

Project Property

72 Kipling Church Road Fuquay-Varina, NC 27526 Harnett 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

Michael Anderson Homes, Inc. 180 Woodland Ridge Drive Fuquay-Varina, NC 27526 United States

Email: Michaelandersonhomes@gmail.com

Phone: 919-868-8294

Date of First Furnishing

06/18/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384