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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 Tony Collins Date 1-27-2017

Site Address 985 Purfoy Road Phone 919-614-0662

Directions to job site from Lillington 401 North T.R. Chalchuate Springs Road Turn Left on Purfoy on Left before Ralls Church Rd.

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

Description of Proposed Work SFR # of Bedrooms \_\_\_\_\_

Heated SF 2012 Unheated SF \_\_\_\_\_ Finished Bonus Room? Yes Crawl Space  Slab

**General Contractor Information**

Building Contractor's Company Name Tommy Allen Construction Inc Telephone 919-779-2880

Address 8836 Ransdell Road Raleigh NC 20121 Email Address facallenbuilders@gmail.com

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Wiring Home Service Size 200 Amps T-Pole  Yes  No

Electrical Contractor's Company Name Stuart Hair Telephone 919-524-9615

Address Ferguson Email Address Stuarthair@msn.com

License # 5575-I

**Mechanical/HVAC Contractor Information**

Description of Work HVAC Install Telephone 919-683-2421

Mechanical Contractor's Company Name Carolina Air Conditioning Co Email Address MVT@Carolina.ac.com

Address 4537 Hillsborough Rd. Durham NC 22084

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Plumbing Install bath kit # Baths 2 1/2

Plumbing Contractor's Company Name Barbour & Purran Telephone 27132

Address Clayton NC Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address Myers Professional Insulation Telephone 919-360-0888

\*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

1-27-2017  
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 Tommy Allen Construction INC

Sign w/Title President Tommy Allen Date 1-27-2017

**DO NOT REMOVE!**

# Details: Appointment of Lien Agent

Entry #: 594410

Filed on: 01/30/2017  
Initially filed by:  
tac\_aen1@besouth.net

## Designated Lien Agent

First American Title Insurance Company

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

## Project Property

Pin 0664-47-7580-000 Parcel D8 0664000811  
Deed Book and Page 3310 / 568  
985 Purfoy Road  
Fuqay-Varina, NC 27526  
Harnett County

## 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.

## Property Type

1-2 Family Dwelling

## Owner Information

Tony & Megan Collins  
3623 Benson Hardie Road  
Benson, NC 27504  
United States  
Email: [tonycollins8604@yahoo.com](mailto:tonycollins8604@yahoo.com)  
Phone: 919-614-0662

## Date of First Furnishing

01/30/2017

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Technical Support Hotline: (888) 690-7384