

1750040675

Harnett County Central Permitting  
PO Box 55 Lillington NC 27546  
910 893 7825 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 Ronald S. Cally, Meyer Date 2-24-17  
Site Address 332 Docs Rd Lillington Phone 9196221191  
Directions to job site from Lillington HWY 27 West Left on Docs Rd site on Right 1/4 mile

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work new home / garage # of Bedrooms 3  
Heated SF 2152 Unheated SF 992 Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Ron's Carpentry Service 9196221191  
Building Contractor's Company Name Telephone  
332 Docs Rd Lillington Runcaparty@aol.com  
Address Email Address  
68680

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

**Electrical Contractor Information**

Description of Work new home Service Size 200 Amps T-Pole  Yes  No  
Bob White electrical 9197969342  
Electrical Contractor's Company Name Telephone  
5908 MAJ Weathers rd Raleigh NC  
Address Email Address  
26063-4 27603

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

**Mechanical/HVAC Contractor Information**

Description of Work new home  
J + M Heating A/C & Air conditioning 910 897550  
Mechanical Contractor's Company Name Telephone  
724 Turkeytown Rd Duram NC  
Address Email Address  
17164

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

**Plumbing Contractor Information**

Description of Work new home # Baths 2  
Black River Plumbing LLC 9193230602  
Plumbing Contractor's Company Name Telephone  
6250 Barefoot rd Wake NC 28395  
Address Email Address  
32506

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

**Insulation Contractor Information**

\_\_\_\_\_ Building Contractor  
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

*Ronald Smith*  
Signature of Owner/Contractor/Officer(s) of Corporation

2-27-17  
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 Ron's Carpentry Service  
Sign w/Title *Ronald Smith* owner Date 2-27-17

165-83533

Application # 1750040675

**Harnett County Central Permitting**

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor**

(Individual Trade Application)

Owner (s) of Structure: Ron Smith + Catherine Meyer + Ruth Meyer Phone: 919-622-1191

Owner (s) Mailing Address: 332 Doc Rd.  
Lillington, NC 27546

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # 0507-07-0123.000 Parcel # 030507 0040 02 RA-20R

Job Cost: \$ 800.00 Description of Work to be done: Run line to Heat unit + Water heater

Mechanical: New Unit With Ductwork \_\_\_\_\_ New Unit Without Ductwork \_\_\_\_\_ Gas Piping  Other \_\_\_\_\_

Electrical\*: 200 Amp \_\_\_\_\_ <200 Amp \_\_\_\_\_ Service Change \_\_\_\_\_ Service Reconnect \_\_\_\_\_ Other \_\_\_\_\_  
\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap \_\_\_\_\_ Number of Baths \_\_\_\_\_ Water Heater \_\_\_\_\_

Specific Directions to Job from Lillington:  
Right onto Nursery Rd, left on Docs Rd.

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Parker Gas will provide the Gas Piping labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is \_\_\_\_\_, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Parker Gas Contractor's Company Name Telephone 910-323-8283  
2785 Owen DR. Fayetteville NC, 28306 Address Email Address mdavis@parkergas.com  
30941 License #

Structure Owner / Contractor Signature: Mike McDonald Date: 8/4/17

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

**\*Company name, address, & phone must match information on license**

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**  
Entry #: 604214

Filed on: 02/15/2017  
Initially filed by: farm332

**Designated Lien Agent**

Investors Title Insurance 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**

332 does rd lillington nc 27546  
lillington, NC 27546  
harnette 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**

ronald smith  
332 does rd  
lillington, NC 27546  
United States  
Email: [mrputry@aol.com](mailto:mrputry@aol.com)  
Phone: 919-622-1191

**Date of First Furnishing**

02/15/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384

Plan Box # File

Date 2-24-77  
Job Name Ronald Smith

App # 40675, 40676

Valuation 233664

SQ Feet 2434

Garage 576  
3010

\$ 21312

**Inspections for SFD/SFA**

Crawl  Slab \_\_\_\_\_ Mono \_\_\_\_\_ Basement \_\_\_\_\_

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey NO

Envir. Health New Septic

Other \_\_\_\_\_

- Additions / Other**
- Footing \_\_\_\_\_
  - Foundation \_\_\_\_\_
  - Slab \_\_\_\_\_
  - Mono \_\_\_\_\_
  - Open Floor \_\_\_\_\_
  - Rough In \_\_\_\_\_
  - Insulation \_\_\_\_\_
  - Final \_\_\_\_\_

These plans are for  
the House = Detached  
Garage.