

17-50041167

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 Ivercon Inc. Date 6.29.17  
Site Address 115 Folly Ct. Lillington, NC 28356 Phone 910-237-3461  
Directions to job site from Lillington \_\_\_\_\_

Subdivision SWEETWATER Lot 53  
Description of Proposed Work NEW CONSTRUCTION # of Bedrooms 4  
Heated SF 2169 Unheated SF 700 Finished Bonus Room? NO Crawl Space Slab

**General Contractor Information**

Ivercon Inc. Telephone 910-237-3461  
Building Contractor's Company Name  
PO Box 64778 Email Address tray@ivercon.net  
Address  
57917/LTD  
License #

**Electrical Contractor Information**

Description of Work NEW CONSTRUCTION Service Size 200 Amps T-Pole  Yes  No  
SANDY ROCK ELECTRIC Telephone 910-323-2458  
Electrical Contractor's Company Name  
451 WHITEHEAD RD. FAYETTEVILLE, NC Email Address diane@sandyrockelectric.com  
Address 28312  
NC08700-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NEW CONSTRUCTION  
CERTIFIED HEATING & AIR Telephone 910-8558-0000  
Mechanical Contractor's Company Name  
PO Box 1071 Hope Mills, NC Email Address ETHAN.CERTIFIED@gmail.com  
Address 28348  
H3C1/20012  
License #

**Plumbing Contractor Information**

Description of Work NEW CONSTRUCTION # Baths 2 1/2  
LARRY LEE PLUMBING Telephone 910-424-1766  
Plumbing Contractor's Company Name  
7051 CRIST ST. FAYETTEVILLE NC 28306 Email Address lleepinc@aol.com  
Address  
0527 PL  
License #

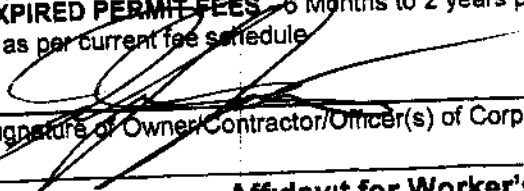
**Insulation Contractor Information**

ATWZ INSULATION Telephone 919-661-0999  
Insulation Contractor's Company Name & Address  
519 Old Dang Stone Rd  
GARLAND NC 27529

\*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

29 June 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 Warrick, Inc.

Sign w/Title President

Date 29 June 2017

GAS CONTRACTOR  
 FOR GAS LOG FIRE PLACE  
 DIVERSIFIED ENERGY  
 17220 US Hwy 421 S. Durant, NC 28334-8257  
 Lic. # 31611 FP

**DO NOT REMOVE!****Details: Appointment of Lien Agent**  
Entry #: 678926

Filed on: 06/29/2017

Initially filed by: troy@ivercon.net

**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: 913-489-5251

Email: [support@liensnc.com](mailto:support@liensnc.com)**Project Property***Lot 53 SWEETWATER*115 Folly Ct.  
Linden, NC 28356  
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.

**Owner Information**Ivercon, Inc.  
PO Box 64778  
Fayetteville, NC 28306  
United States  
Email: [troy@ivercon.net](mailto:troy@ivercon.net)  
Phone: 910-237-3461**Date of First Furnishing**

07/05/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384