

DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 768636

Filed on: 12/11/2017

Initially filed by: gaspar\_nunez

### Designated Lien Agent

Fidelity National Title Company, LLC

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

1208 Rawls Church Road  
Angier, NC 27501  
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

Gaspar Nunez

1320 Rawls Church Road  
Angier, NC 27501

United States

Email: [gaspar\\_nunez@yahoo.com](mailto:gaspar_nunez@yahoo.com)

Phone: 919-427-6027

[View Comments \(0\)](#)

Technical Support Hotline: [\(888\)690-7384](tel:8886907384)

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT  
PURSUANT TO G.S. 87-14(a)(1)

COUNTY OF Harnett

Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

1208 Pauls church Rd. Angier NC, 27501

Gaspar Nuñez  
(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

1. J.M. I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;

OR

\_\_\_\_\_ I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: \_\_\_\_\_);

2. \_\_\_\_\_ I will personally superintend and manage all aspects of the construction or alternation of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;

3. \_\_\_\_\_ I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;

4. \_\_\_\_\_ I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

Gaspar Nuñez  
(Signature of Affiant)

12/13/17  
Date

Sworn to (or affirmed) and subscribed before me this the 13 day of December, 2017

[Signature]  
Signature of Notary Public

JoAnn Hernandez  
Printed Name of Notary Public

JOANN Z. HERNANDEZ  
NOTARY PUBLIC  
HARNETT COUNTY, NC  
My Commission Expires 7/18/20

My Commission Expires: 7/18/20

(Notary Stamp or Seal)

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)

09/09/11

Application #

1750041762

Harnett County Central Permitting

PO Box 85 Lillington NC 27546

910 893 7525 Fax 910 893 2793 www.harnett.org/permits

1750041762

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 Gaspar Nuñez Date 09/09/11  
Site Address 1208 Rawls Church Rd. Phone 919-4276027  
Directions to job site from Lillington take 210 east towards  
the Hwy 55 go to Rawls Church Rd. The House  
on the R about one mile  
Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work New construction # of Bedrooms 4  
Heated SF 2684 Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

Owner  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size 200 Amps T-Pole  Yes  No  
Austin Dean Electrical contractor 919-669-0063  
Electrical Contractor's Company Name Telephone  
2793 Baptist Grove Dr. Fuquay Varina austindeanelectrical@gmail.com  
Address Email Address  
27939  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Jc's Heat and air 919-369-2657  
Mechanical Contractor's Company Name Telephone  
1539 wade stephenson Rd Holly spring \_\_\_\_\_  
Address 27540 Email Address  
#12655  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Le Ri Clover Plumbing 919-8200026  
Plumbing Contractor's Company Name Telephone  
P.O. Box 764 Benson NC 27504 \_\_\_\_\_  
Address Email Address  
7958  
License #

**Insulation Contractor Information**

Owner  
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 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

*Joseph Murray*  
Signature of Owner/Contractor/Officer(s) of Corporation

*10/09/17*  
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 \_\_\_\_\_

Sign w/ Title *Joseph Murray*

Date *10/09/17*