09/09/11					Арр	lication #
	Ha	arnett County	(Central Pe	ermitting	17	-5-42291
		PO Box 65 Li	Ilington NC 2	7546		
section below to be filled out	910 893 75	525 Fax 910 89	3 2793 www h	narnett org/p	ernuls	
e owner or licensed						
ctor Address company & phone must match	Application fo	or Residentia	al <u>Building</u>	and Trag	<u>les Permit</u>	
Owners Name Ric	rend + R	ebaca	LANU	1		Date 12-1-17
	Ablitzd		Ansie	r	Phone	Date <u>12-1-17</u> <u>919-539-0</u> 24
			Pd-	SR		
Directions to job site from		- <u>70-~~j-</u>				·······
					<u>.</u>	
Subdivision					Lot	
Description of Proposed V	/ork^	sew s	FD		# of Be	edrooms <u>3</u>
Heated SF 1837 Unhe	ated SF	D Finished	Bonus Roo	om? _ ^	Crawl Spac	ce 🔟 Slab
		eneral Contr	ractor Infor	<u>mation</u>		an 1071
FREEDOM Consten				- :	<u> </u>	92-1231
Building Contractor's Company Name					1	bom on structors. ce
Po Box 608 Dunn, NC 28335					<u>T FALLIOHERA</u> Email Address	NOM ONSTRUCTORS. CO
Address				ľ		
<u>-1/590</u> License #						
Description of Work <u>W</u>	<u>Ele</u>	etrical Cont	ractor info	rmation		1
Description of Work Wi	et New	<u>tton se</u>	Service	e Size _2	Amps T-F	ole <u>Ves</u> No
Juson H Pope	Electrica	1 Contra	ctor \$		9/9-820	- 0837
Electrical Contractor s Cor	npany Name				releptione	
81 Beaver Creek Dr. Dunn NC 28334					<u>hpeletrical Chotken</u> . Com Email Address	
Address				1	Linali Address	
😋 27284 - Ц License #						
License #	Mechar	ncal/HVAC	Contractor	Informat	lon	
Description of Work						
THIN Heating	+ Ar T	46		<u></u> ,	910-897-	550
J4M Heating 4 Air Inc					Telephone	
724 Turlington T	d. Dunn	NC 28	334		rand mh vace	<u>Contury link.net</u>
Address				- I	Efnail Address	- •
17164						
License #	Ph	imbing Cont	tractor Info	rmation		
Description of Work PL					# Baths	
	h 2. 2 (0)			<u> </u>	910.5%	1-6361
Description of Work <u>Plumb</u> <u>New honse</u> <u>Gilbert Plumbing</u> <u>Co</u> Plumbing Contractors Company Name				- ;	Telephone	
(b38 Tinothy	Dd Du	nA NC	2833	34	apcile intr.	star, net
Address		<u> </u>	<u> </u>	- [·] i	# Baths Gelephone <u>4pci/@intre</u> Email Address	·
10929						
License #			-	-		
	Ins	ulation Cont	tractor info	rmation		1 -777 - GATK
Fugulating In	<u>C 5902</u>	FANette V.II.	<u>e 12/2</u>	a eigh n		9-772-9000
Insulation Contractor s Co	mpany Name &	& Address	/	•	Telephone	

*NOTE General Contractor must fill out and sign the second page of this applicat	ion
--	-----

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

Think n The K 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 FREEDUM CONSTRUCTORS INC
Company or Name FREEDOM CONSTRUCTORS TWC Sign w/Title Terty MTat Est Purch Myn Date 11.30-17

DO NOT REMOVE!

Details: Appointment of Lien Agent Entry #: 763124

Filed on: 11/30/2017 Initially filed by: freedomconstructors

Designated Lien Agent	Project Property	Print & Pr	
Investors Tale Insarance Company	229 Ablitzd Lane Anguer, NE 27501		
Online: <u>www.acusty.com</u> Address: 19 W. Darget, St., Saite 30 ⁹ : Kaleigh	Harnett County		
2764) Phone: KNY-1491-2584	_	Contractors:	
FRDBR: 634-641-7554	Property Type	Please post this n Suppliers and S	
Emeil: <u>menzetar kenalis go</u> ta	1-2 Family Dwelling	Scan this image (view this filing, ' to Lien Agent fo	
Owner Information	Date of First Furnishing		
Richard and Rebecca Lanny V717 Melrose Drive.	12814/2017		

Artification and records Lanny V117 Melloss Drive, Rateigh, NC 27604 United States Email larrywaderg freedomeonsiruletors.com Phone 919-539-0243

Post



nonce on the Job Site.

Subcontractors: e with your smart phone to g. You can then file a Nonce for this project

View Comments (0)

Technical Support Hotline: (888) 690-7384