

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 820934

Filed on: 03/21/2018

Initially filed by: WellonsR

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

Oxford Woods Subdivision Lot 34
54 Eaton Drive
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

Wellons Construction, Inc.
P.O. Box 730
Dunn, NC 28335
United States
Email: ducas@wellonsconstruction.com
Phone: 910-892-3123

Date of First Furnishing

03/19/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384

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 Wellons Realty Inc Date 3-21-18

Site Address 54 Eaton Dr. Phone 910-897-3123

Directions to job site from Lillington Go East on 421, turn left on Old Stage Rd cross over 55 Hwy, go approx 1 mile turn left into Oxford Woods Sub., go to first right (Eaton Dr.) job 3rd lot on right

Subdivision Oxford Woods Lot 34

Description of Proposed Work SFD # of Bedrooms 3

Heated SF 1818 Unheated SF 507 Finished Bonus Room? yes Crawl Space Slab

General Contractor Information

Wellons Realty Inc.

910-892-3123

Building Contractor's Company Name

Telephone

P.O. Box 730 DUNN N.C.

dstephenson@wellonsrealty.com

Address 7746 UL

Email Address

License #

Electrical Contractor Information

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

jhP electrical

919-820-0837

Electrical Contractor's Company Name 81 Beaver Creek Dr. DUNN

Telephone

Address 27284 U

jhpelectrical@hotmail.com

License #

Mechanical/HVAC Contractor Information

Description of Work SFD

J+M HVAC

910-897-5501

Mechanical Contractor's Company Name 724 Turlington Rd. DUNN N.C.

Telephone

Address 17164

jandmhvac@centurylink.net

License #

Plumbing Contractor Information

Description of Work SFD # Baths 2

Wagner Plumbing Co.

910-890-2299

Plumbing Contractor's Company Name 555 Tirzah Rd. Lillington N.C.

Telephone

Address 315760

wagnerplumbingco@yahoo.com

License #

Insulation Contractor Information

Tri-City Ins. 910-486-8855

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

Curtis Ann Stephens
Signature of Owner/Contractor/Officer(s) of Corporation

3-21-18
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 Wellons Realty Inc.
Sign w/Title *Curtis Ann Stephens* Superintendent Date 3-21-18