

09/09/11

Application #

42991

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 Gregory Inc Date 1-16-18  
Site Address NC 55 HWY W Angier Phone 919-422-8130  
Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work Build New Home # of Bedrooms 3  
Heated SF 1155 Unheated SF 60 Finished Bonus Room? N Crawl Space Y Slab \_\_\_\_\_

**General Contractor Information**

Gregory Inc Telephone 919-422-8130  
Building Contractor's Company Name \_\_\_\_\_  
62 E McIver St Angier Email Address Gregoryinlanman@gmail.com  
Address 36220  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New Home Service Size 200 Amps T-Pole  Yes  No  
D2 Electric Telephone 910-723-3242  
Electrical Contractor's Company Name \_\_\_\_\_  
100 Hidden Creek Lane, Lillington Email Address \_\_\_\_\_  
Address 24311-2  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Polar Bear Heating; Air - New Home  
512 Old Stage Rd Telephone 910-984-6059  
Mechanical Contractor's Company Name \_\_\_\_\_  
Address 30048 Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New Home # Baths 2  
Avery Plumbing; Electric Telephone 919-628-3223  
Plumbing Contractor's Company Name \_\_\_\_\_  
3221 B Plainwood Church Rd Email Address \_\_\_\_\_  
Address 10886 - Class 1  
License # \_\_\_\_\_

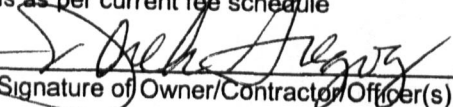
**Insulation Contractor Information**

Insulating Inc Telephone 919-772-9000  
Insulation Contractor's Company Name & Address \_\_\_\_\_

\*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

1-16-18  
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

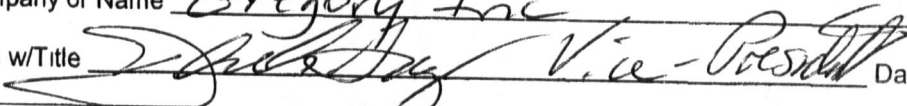
\_\_\_\_\_ Has three (3) or more employees and has obtained workers compensation insurance to cover them

\_\_\_\_\_ 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 Gregory Inc  
Sign w/Title  V.P. - President Date 1-16-18

**DO NOT REMOVE!**

## Details: Appointment of Lien Agent

Entry #: 784772

Filed on: 01/16/2018

Initially filed by: Gregoryinclinman

### Designated Lien Agent

Investors Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) (<mailto:support@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) (<mailto:support@liensnc.com>)

### Owner Information

Gregory Inc  
62 E. McIver St.  
Angier, NC 27501  
United States  
Email: [Gregoryinclinman@gmail.com](mailto:Gregoryinclinman@gmail.com)  
Phone: 919-422-8130

### Project Property

Lot 3 CL Byrd Development Deed Book 3568, Pg nmr 0462  
3436 NC HWY 55 W. Angier NC 27501  
Angier, NC 27501  
Hamett County

### Property Type

1-2 Family Dwelling

### Date of First Furnishing

01/23/2018

### 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.

View Comments (0)

Technical Support Hotline: (888) 690-7384