Application #

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

/ /		
Date 2/21/2018		
Variag Phone 9/9-346-1528		
ristian Light then last		
o Cokesbury Park LN		
/		
Lot <u>69</u>		
# of Bedrooms		
Heated SF 1798 Unheated SF 443 Finished Bonus Room? NO Crawl Space Slab		
919-346-15-28		
Telephone		
THP Homes@ Gmail Com		
Email Address		
on		
200 Amps T-Pole Yes No		
7/9-55-2-0246 Telephone		
Travis@ Dawsons Electric. Co.		
Email Address		
mation		
9/9-552-3053		
Telephone TCS HVAC@ Gmeil. Com		
Email Address		
ion 7		
# Baths		
9/9-678-0/// Telephone		
Telephone Vicky@ All-Mat plumbing. COM		
Email Address		
License #		
Insulation Contractor Information  Stephens Building Products 1220 Corporation 919-93 7-8479  Insulation Contractor's Company Name & Address Raleigh NC Telephone		
Telephone		

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 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 Triangle Home Plus LLC

Sign w/Title

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

### DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 792912

Filed on: 02/01/2018

Initially filed by:

bryan.thphomes@gmail.com

### Designated Lien Agent

**Project Property** 

**Print & Post** 

Please post this notice on the Job Site.

Scan this image with your smart phone to

view this filing. You can then file a Notice

Suppliers and Subcontractors:

to Lien Agent for this project.

Chicago Title Company, LLC

Online: www.liensnc.com (http://www.liensnc.com)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com (mailto:support@liensnc.com)

396 Cokesbury Park Lane Fuquay Varina, NC 27526 Harnett County

1-2 Family Dwelling

**Property Type** 

#### Owner Information

Triangle Home Pros, LLC 6312 Lauraca Ln Fuquay Varina, NC 27526 United States

Email: bryan.thphomes@gmail.com

Phone: 919-346-1528

## Date of First Furnishing

02/19/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384