Application # 309 3

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 formero KARN FANTALEON	Date 1/30/18
	Phone 9/0-890-2160
Directions to job site from Lillington Carring on 401 To	
RIGHT OF TO COATS ROAD, CONTINUE OR	TO W. STEMMEST LO.1
Subdivision Turn RIGHT ONTO N. Mckenley ST. Subdivision SITE ON LEFT ARRESS FABRE	Huy 55) Turn LEFT E MAIN ST TAKE SCIENT LEFT ONTO MANN RE HORSOLOT
Description of Proposed Work New Constitution S	FD # of Bedrooms 3
Heated SF 442 Unheated SF 472 Finished Bonus Room? A General Contractor Informatio	O Crawl Space Slab
JEREMY M. SMICKLAND, BUSISER	910-890-2160
Building Contractor's Company Name	Telephone
1330 LANE RD DUNN NC 28334	justrickland83 Ayahoo.com
Address 5/560	/Email Address //
License #	
	on /
Description of Work Will New Cars Mucros Service Size	200 Amps T-Pole Ves No
RST ELECATE	919-291-8766
Electrical Contractor's Company Name	Telephone
3376 PACKS MILL ROAD AWATER NC	relephone
Address	Email Address
21,202 - 1	Liliali Address
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License #  Mechanical/HVAC Contractor Inform	<u>nation</u>
License #  Mechanical/HVAC Contractor Inform	nation FEM NEW Construction
License #  Mechanical/HVAC Contractor Inform  Description of Work Instance Management Systems  Mechanical/HVAC Contractor Inform  Description of Work Instance Management Systems  Mechanical/HVAC Contractor Inform  Mechanical/HVAC Contractor Inform  Description of Work Instance Management Systems  Mechanical/HVAC Contractor Inform  Description of Work Instance Management Systems  Mechanical/HVAC Contractor Inform  Description of Work Instance Management Systems  Description of Work Instance Management Systems  Mechanical/HVAC Contractor Inform  Mechanical/HVAC Contractor Inform  Description of Work Instance Management Systems  Mechanical Management Systems  Description of Work Instance Management Systems  Mechanical Management Systems	
Description of Work Instruction Mechanical/HVAC Contractor Information of Work Instruction	910-242-2941
Description of Work Jackson  Mechanical/HVAC Contractor Inform  Description of Work Jackson  Mechanical Contractor's Company Name	12m NON Construction 910-242-2941 Telephone
Description of Work Jasan New Melianical Systems (Manager Lange Mechanical Contractor s Company Name	910-242-2941
Description of Work Jackson  Mechanical/HVAC Contractor Inform  Description of Work Jackson  Mechanical Contractor & Company Name  100 N. 13 M ST SUITE 15 W EUWN N 28389  Address  H3-1 18612	12m NON Construction 910-242-2941 Telephone
Description of Work Jasan Nechanical/HVAC Contractor Information of Work Jasan Nechanical Contractor & Company Name    OD N. 13 TH ST SUITE   SW ELININ NE 2889  Address  H3-1 18612  License #	Telephone  Telephone  This is a series of the series of th
Description of Work Instruction Mechanical/HVAC Contractor Information  Description of Work Instruction Mechanical Contractor S Company Name    OD N. 13 H ST SUITE 15 W Edwin W 28389  Address   H3-1 18612   License # Plumbing Contractor Information	Telephone
Description of Work Install Will Milliam Managery Systems of Work Install Systems William William Systems Systems of Work Install Systems of Work Inst	Telephone  Telephone  This is a series of the series of th
Description of Work Instruction Mechanical/HVAC Contractor Information  Description of Work Instruction  Mechanical/HVAC Contractor Information  Mechanical/HVAC Contr	10-242-2941 Telephone
Description of Work August War Milliam Milliam Systems Name    OD N. 13 TH ST SWIFE 15 W WWW NC 2889     Address   H3-1   1861 2     License # Plumbing Contractor Information     Description of Work   William No New Constitution     Description of Work   William No New Constitution     Plumbing Contractor s Company Name	Telephone
Description of Work Instruction Mechanical/HVAC Contractor Information  Description of Work Instruction  Mechanical/HVAC Contractor Information  Mechanical/HVAC Contr	10-242-2941 Telephone
Description of Work Infant Now Michael Systems Name    OD N. 13 M ST SUITE 15 W EUW MC 2889   Address   H3-1 18612     License # Plumbing Contractor Information   Description of Work   Now Construction   Plumbing Contractor S Company Name     Stantan Loop D. Nurs NC 28331     Address	Telephone  Baths  19-915-0533  Telephone
Description of Work Infant Now Michael Systems Name    And Syles   Switt   Switch   Switch     Address     License #   Plumbing Contractor Information    Description of Work   Switch   Switch   Switch     Description of Work   Switch   Switch     Description of Work   Switch     Plumbing Contractor Information   Plumbing Contractor Scompany Name     Switch   Switch   Switch     Address     Contractor Scompany Name     Switch   Switch     Swit	Telephone  # Baths 2,5  119-915-0533  Telephone  Email Address
Description of Work Infant Now Michael Systems Name    OD N. 13 M ST SUITE 15 W EUW MC 2889   Address   H3-1 18612     License # Plumbing Contractor Information   Description of Work   Now Construction   Plumbing Contractor S Company Name     Stantan Loop D. Nurs NC 28331     Address	Telephone  # Baths 2,5  119-915-0533  Telephone  Email Address
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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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the General Contractor \_\_ Officer/Agent of the Contractor or Owner 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 \_\_\_\_ Date //30/18 Sign w/Title .

### DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 790924

Filed on: 01/29/2018

Initially filed by: jmstrickland1

#### Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com @np://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]

#### **Project Property**

Lot 1-2 Mann Road, Coats NC 27521 239 Mann Road, Coats NC 27521 Coats, NC 27504 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

Roberto & Karin Pantaleon 239 Mann Road Coats, NC 27521 United States Email: jmstrickland83@yahoo.com

Phone: 910-890-2160

Date of First Furnishing

02/02/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384

## LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent Lux	iesrous In	re Insuagaxé les	upre y
Mailing address of Agent	9 W. HARLE	1 51, Sure 5	707
·	PALETHU N	× 27601	
Physical address of Agent		//	•.
	Y	/1	
Telephone <i>888-690-7384</i>	Fax	913 - 489 - 5231	,
Email Support 6/12n	suc. com		

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

"(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued."