

* 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: David & Charlene Summers Date: 4-16-18

Site Address: Mapry rd. - Angler, NC 27501 Phone: 919-291-9797

Directions to job site from Lillington: West on E Front St. - Right onto S. Main St. / 210 North - Right onto Tippet rd. - Right NC 55 E - 1.8 miles turn Right onto Mapry rd. - lot 8 on right 1000 ft. - house at pond

Subdivision: Chesterfield Lake Estates Lot: 8

Description of Proposed Work: Owner - residence - Home # of Bedrooms: 3

Total Heated SF: 2597 Unheated SF: 1383 Finished Bonus Room? 465 Crawl Space: Slab:
2132 Less Bonus Room

General Contractor Information

Dusty Leroy Mills
Building Contractor's Company Name

919 353 4913
Telephone

2764 Sequester Grove Rd. Fuquay Varina NC 27526
Address

dusty.mills@hollyspringsnc.us
Email Address

63955
License #

Electrical Contractor Information

Description of Work Install for New construction Service Size: 200 Amps T-Pole: Yes No

Dawson's Electric INC
Electrical Contractor's Company Name

919 201 3841
Telephone

609 Cotton Rd Fuquay Varina NC 27526
Address

travis@dawsonselectric.com
Email Address

25948-L
License #

Mechanical/HVAC Contractor Information

Description of Work Northern Exposure will install all mechanical/HVAC

Northern Exposure
Mechanical Contractor's Company Name

919 404 0133
Telephone

765 Lewis Rd. Zebulon NC 27597
Address

caldwell4068@bellsouth.net
Email Address

31322-H3CL1
License #

Plumbing Contractor Information

Description of Work Install for New construction # Baths 3 1/2

Sweetwater Plumbing, LLC
Plumbing Contractor's Company Name

919 270 6869
Telephone

4316 Triland Way Cary, NC 27518
Address

tam@sweetwaterplumbingllc.com
Email Address

23793
License #

Insulation Contractor Information

JAP Insulation
Insulation Contractor's Company Name & Address

919 422 6506
Telephone

*NOTE: General Contractor / owner 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

4-15-18

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: Dusty Leroy Mills

Sign w/Title: Dusty Leroy Mills General Contractor Date: 4-15-18

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 834132

Filed on: 04/13/2018

Initially filed by: david.summers

Designated Lien Agent

North American Title Insurance Company

Online: www.liensnc.com/filing/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 (support@liensnc.com)

Project Property

Summers lot 8 - chesterfield lake estates - Mabry road
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

david summers
767 cross link dr
angier, NC 27501
United States
Email: drsgto@gmail.com
Phone: 919-297-9797

Date of First Furnishing

04/13/2018

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Technical Support Hotline: (888) 690-7384