Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www hamett crg/pa mits

Application #

Each section below to be filled out	910 893 7525 Fax 910 893 2793 www hamen	cual but unus	an:
by whomever performing work	1		-
Must be owner or licensed contractor. Address company	Application for Residential Building and	Trades Perint	
name & phone must match	1	i	
	LIERCON INC.		Date
Owner's Name	T 44 Sweetwater	Phone	910-717-5076
Site AddressLO	1 44 Sweetward		 -
Directions to job site fr	om Lillington		
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Subdivision Swe	et water		İ
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Insulation Contract	Name 9 Addross	Le shirone	
III GAIRMAN	GANNER NC 27525	l,	i .
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*NOTE General Contractor must fill out and sign the selected enge 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 Hamett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that by signing below I have cirtained 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 Ceritral Permitting Department of 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 6.19.18 Signature of Owner Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner Owner General Contractor 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 subcontractor. White 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 ... Sign w/Title GAS CONTRACTOR.

FOR GAS LOG FIRE PLACE

DIVERSIFIED ENERGY

17220 US HWY 424 5. DWM, NC 258334-8757

LICIT 31611 FP

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 870533

Filed on: 06/18/2018

Initially filed by: troy@ivercon.net

Designated Lien Agent

Project Property

Print & Post

Investors Title Insurance Company

58 Harvest Court Linden, NC 28356 Harnett County

Online: www.liensnc.com

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

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensne.com

Property Type

1-2 Family Dwelling

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

Date of First Furnishing

Ivercon, Inc. PO Box 64778

Fayetteville, NC 28306 United States

Email: tj@ivercon.net Phone: 910-717-5076 06/25/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384