

\* 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: Lauren Jernigan Date: 11/16/18

Site Address: TBD Maple Rd Angier NC 27501 Phone: 910-263-4960

Directions to job site from Lillington: Hwy 4215 to Hwy 210 then Hwy 210 to Hwy 55 turn Right on Hwy 55 pass Old Stage Rd next road to the left is maple Rd

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: Single Family Home # of Bedrooms: 3

Heated SF: 15210 Unheated SF: 336 Finished Bonus Room? \_\_\_\_\_ Crawl Space: X Slab: \_\_\_\_\_

**General Contractor Information**

Lauren Jernigan 910-263-4960  
Building Contractor's Company Name Telephone

22 Hickory tree Ln Angier NC 27501  
Address Email Address

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Installation + wiring Service Size: 200 Amps T-Pole:  Yes  No  
Cold South Mechanical 919-800-7918

Electrical Contractor's Company Name Telephone

1929 NC 42 Hwy Willow Springs  
Address Email Address

30624

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Install of heating + Air System + ductwork  
Cold South Mechanical 919-800-7918

Mechanical Contractor's Company Name Telephone

1929 NC 42 Hwy Willow Springs, NC  
Address Email Address

31355

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Domestic water + drainage for new house # Baths: 2  
Henderson's Plumbing Inc 919-369-7581

Plumbing Contractor's Company Name Telephone

120 Juniper Dr Clayton NC  
Address Email Address

24867

License # \_\_\_\_\_

**Insulation Contractor Information**

Tatum Insulation 919-661-0999  
Insulation Contractor's Company Name & Address 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

11/6/18  
\_\_\_\_\_  
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.

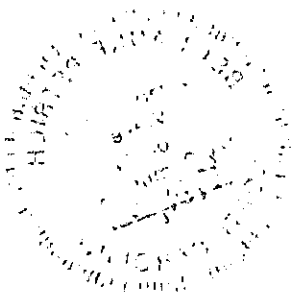
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

\_\_\_\_ 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: Lauren Jernigan  
Sign w/Title: Lauren Jernigan Partner Date: 11/6/18





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**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**  
Entry #: 930481

Filed on: 10/07/2018  
Initially filed by: Ljernigan11

**Designated Lien Agent**

Fidelity National Title Company, LLC

Online: [www.liensnc.com](http://www.liensnc.com) not to be used for support

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) not to be used for support

**Project Property**

Maple rd  
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**

Lauren Jernigan  
22 hickory tree lane  
Angier, NC 27501  
United States  
Email: [Ljernigan11@yahoo.com](mailto:Ljernigan11@yahoo.com)  
Phone: 910-263-4960

[View Comments \(0\)](#)

**Technical Support Hotline: (888) 690-7384**

# Payment Receipt Confirmation

Your payment was successfully processed.

NO

## Transaction Summary

	Description
Total Amount Paid	Liens NC

## Customer Information

**Customer Name** Lauren Jernigan  
**Company Name**  
**Local Reference ID** 303248  
**Receipt Date** 10/7/2018  
**Receipt Time** 09:31:12 PM EDT

## Payment Information

**Payment Type** Credit Card  
**Credit Card Type** VISA  
**Credit Card Number** \*\*\*\*\*4737  
**Order ID** 30317384  
**Billing Name** Lauren jernigan

## Billing Information

**Billing Address** 22 hickory tree lane  
**Billing City, State** Angier, NC  
**ZIP/Postal Code** 27501  
**Country** US  
**Phone Number** 9102634960  
**Fax Number**

**This receipt has been emailed to the address below.**

**Email Address** Ljernigan11@yahoo.com