

Received 01103119

Application # SFD1810-0050

Hamett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Pine Glen

\* 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: Johnson Building Company Inc Date: 12-15-18  
Site Address: 429 Wilson Lucas Rd Dunn N.C Phone: (919) 368-2324  
Directions to job site from Lillington: Take 421 toward Dunn turn left on Red Hill Church Rd, Rt on Bryant Rd Left on Ash Ave, Keep left on Wilson Lucas Rd Jobsite on Rt  
Subdivision: Ashc Trail Lot: 2  
Description of Proposed Work: New Construction # of Bedrooms: 3  
Heated SF: 1244 Unheated SF: \_\_\_\_\_ Finished Bonus Room? N/A Crawl Space: \_\_\_\_\_ Slab:

**General Contractor Information**

Johnson Building Company Inc (919) 368-2324  
Building Contractor's Company Name Telephone  
546 Dogeye Rd Benson N.C. 27504 johnsonbuildingcompany@gmail.com  
Address Email Address  
79917

License #

**Electrical Contractor Information**

Description of Work All Electrical work needed Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Parnell Electric (910) 237-2751  
Electrical Contractor's Company Name Telephone  
6400 Allie Cooper Rd Godwin N.C parnellelectric@gmail.com  
Address Email Address  
24236-U 28344

License #

**Mechanical/HVAC Contractor Information**

Description of Work All Heat and Air needs for house  
Stephenson Heat and Air (919) 329-0686  
Mechanical Contractor's Company Name Telephone  
343 Shipwash dr Garner N.C stephensonhvac@aol.com  
Address Email Address  
18644

License #

**Plumbing Contractor Information**

Description of Work Run Water Lines and Plumb house # Baths 2  
Brent Adams Plumbing (919) 669-7979  
Plumbing Contractor's Company Name Telephone  
P.O. Box 45 Benson N.C. N/A  
Address Email Address  
17359

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

12-15-18

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: Johnson Building Company Inc.

Sign w/Title: T. M. Johnson President

Date: 12-15-18

DO NOT REMOVE!

**Details: Appointment of Lien Agent**

Entry #: 968845

Filed on: 12/23/2018

Initially filed by:

Johnsonbuildingcompany

**Designated Lien Agent**

Investors Title Insurance Company

Online: [www.liensnc.com](http://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](mailto:support@liensnc.com)

**Project Property**

429 Wilson-Lucas Rd  
dunn, NC 28334  
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**

Thomas Johnson

546 Dogeye rs

Benson, NC 27504

United States

Email: [johnsonbuildingcompany@gmail.com](mailto:johnsonbuildingcompany@gmail.com)

Phone: 919-368-2324

View Comments (0)

Technical Support Hotline: (888) 690-7384