

09/09/11

Application #

SFD 1811-0006

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 Jackie B and Kimberly A Griffin Date 11-28-18
Site Address 440 Taylor Rd, Spring Lake, NC 28390 Phone _____
Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work New SFD # of Bedrooms 3
Heated SF 1511 Unheated SF 563 Finished Bonus Room? NO Crawl Space XX Slab _____

General Contractor Information

FREEDOM Constructors Inc 910-892-1231
Building Contractor's Company Name Telephone
Po Box 608 Dunn, NC 28335 ttart@freedomconstructors.com
Address Email Address
11590
License #

Electrical Contractor Information

Description of Work WIRE New House Service Size 200 Amps T-Pole Yes No
Jason H Pope Electrical Contractors 919-820-0837
Electrical Contractor's Company Name Telephone
81 Beaver Creek Dr, Dunn NC 28334 jhpelectrical@hotmail.com
Address Email Address
27284-u
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC New House
J+M Heating + Air Inc 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd, Dunn, NC 28334 jandmhvac@centurylink.net
Address Email Address
17164
License #

Plumbing Contractor Information

Description of Work Plumb new house # Baths _____
Gilbert Plumbing Co 910-567-6361
Plumbing Contractor's Company Name Telephone
1638 Timothy Rd, Dunn, NC 28334 gpc@intrstar.net
Address Email Address
10929
License #

Insulation Contractor Information

Insulating Inc 5902 Fayetteville Rd, Raleigh NC 919-772-9000
Insulation Contractor's Company Name & Address Telephone

*NOTE General Contractor 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

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

Freedom Constructors Inc

Sign w/Title

Trish M. Tant / Est Mgr

Date

11-28-18

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 955829

Filed on: 11/27/2018

Initially filed by:

freedomconstructors

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

Deed Book 3648 Page 105-107 Tract 1
440 Taylor Road
Spring Lake, NC 28390
Harnett County

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.

Property Type

1-2 Family Dwelling

Owner Information

Larry Wade of Freedom Constructors Inc

PO Box 608

Dunn, NC 28339

United States

Email: larrywade@freedomconstructors.com

Phone: 910-892-1231

Date of First Furnishing

12/03/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384