SFD1812-0028

## DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 1007374

Filed on: 03/12/2019 initially filed by: Lyonbuilders

**Designated Lien Agent** 

Stewart Title Guaranty Company

Online: www.liensnc.com

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

Raleigh, NC 27601 Phone: 888-690-7384

Fax: 913-489-5231

Project Property

480 raven rock rd Lillington, NC 27546 **Harnett County** 

Property Type

Date of First Furnishing

03/13/2019

1-2 Family Dwelling

Owner Information

Paul Lyon 2139 barbecue church rd Sanford, NC 27332 United States

Email: Lyonp70@gmail.com Phone: 919-353-0370

Print & Post



Please post this notice on the Job Site.

Suppliers and Subcontractors: Scan this image with your smart phone to view this filling. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384



Application # SFD 1812 - 6528

\*,Each section below to be filled out by whomever performing work! Must be owner or licensed contractor. Address, company hame & phone must match information on license! Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## **Application for Residential Building and Trades Permit**

Owner's Name: David Brown	Date: 3-/2-19
Site Address: 480 Raven Rock Rd. Lillingt	2)1 Phone: 919-353-037
Subdivision: WA	Lot:/A
Description of Proposed Work: New Construction	· ,
General Contractor Information	<u>1</u>
Lyon Builders Inc.	919 -353-0370
Building Contractor's Company Name	Telephone
2139 Barbeure Cherch Rd.	
Address	Email Address
<u> </u>	1
License #	
Description of Work Service Size:	200 Amps T Polo: 1 Vos No
Service Size.	<u>n</u> 2 co Amps T-Pole:
Electrical Contractor's Company Name	Telephone
614 Leslie Rd Sanford	
Address .	Email Address
12007-U	•
License #  Mechanical/HVAC Contractor Inform	ation
Description of Work HPAC	
C (1514 1/2 1/2 1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	6.45
Sand hills Heatry & Register rutur	<u>910-338-372</u> 3 Telephone
	relephone
9206 NC-211 Aberdeen	
Address	Email Address
30177	•
License # Plumbing Contractor Informatio	n.
Description of Work Dlumbing	<del></del>
	# Baths 2
G) lbest Plumbing.	910-214-12 74 Telephone
Plumbing Contractor's Company Name	relephone
1635 timothy Rds Dunn	Email Address
	Fmail Andress
Address /	Email riguross
10929	Email / Idal 000
<u>10929</u> License #	
License # Insulation Contractor Information	<u>n</u> -
<u>10929</u> License #	

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.

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.	
Sign w/Title: Date: 3-12-19	