


DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1021242

Filed on: 04/03/2019

Initially filed by: Lyonbuilders

<p>Designated Lien Agent</p> <p>First American Title Insurance Company</p> <p>Online: www.liensnc.com</p> <p>Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601</p> <p>Phone: 888-690-7384</p> <p>Fax: 913-489-5231</p> <p>Email: support@liensnc.com</p>	<p>Project Property</p> <p>3941 Rosser Pittman rd Broadway , NC 27505 Harnett County</p>	<p>Print & Post</p>  <p>Contractors: Please post this notice on the Job Site.</p> <p>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.</p>
<p>Owner Information</p> <p>Paul Lyon 2139 barbecue church rd Sanford , NC 27332 United States Email: Lyonp70@gmail.com Phone: 919-353-0370</p>	<p>Property Type</p> <p>1-2 Family Dwelling</p>	
	<p>Date of First Furnishing</p> <p>04/05/2019</p>	

View Comments (0)

Technical Support Hotline: (888) 690-7384

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

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Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Kenneth Pope Date: 4-3-19
Site Address: 3941 Rosser Pittman Rd. Phone: 919-3562866
Subdivision: Broadway NC 27505 Lot: N/A
Description of Proposed Work: New Construction

General Contractor Information

Lyon Builders Inc Telephone: 919.353 0370
Building Contractor's Company Name
2139 Barbecue Church Rd. Email Address: Lyonp70@gmail.com
Address: Sanford, NC 27332
56754 License #

Electrical Contractor Information

Description of Work: Electrical Service Size: 200 Amps T-Pole: Yes No
Wester + Pace Electric Telephone: 919-499-3946
Electrical Contractor's Company Name
Address: _____ Email Address: _____
12607-u License #

Mechanical/HVAC Contractor Information

Description of Work: HVAC
Sandhills Heating & Refrigeration Telephone: 910-690-6271
Mechanical Contractor's Company Name
Address: _____ Email Address: _____
30377 License #

Plumbing Contractor Information

Description of Work: Plumbing # Baths: _____
Gilbert Plumbing Telephone: 910-214-1274
Plumbing Contractor's Company Name
Address: _____ Email Address: _____
10929 License #

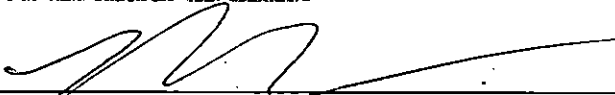
Insulation Contractor Information

Tri-City Ins. Telephone: 910-237-8055
Insulation Contractor's Company Name & Address

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

4-3-19
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:  President

Date: 4-3-19