*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 # Application # PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.harnett.org	FD1903-0017
Owner's Name: UCP Coulding and Trade Permit	1.1.
Do Z	2/6/19
Directions to job site from Lillington:	
Subdivision: Anderson Crech Club	35
Construction Type: (Please Check) New Moved House Renovation Addition Other Modular Multi-F	ercial
Total Project Cost:Description of Proposed Work:	
Heated SFCrawl Space () General Contractor Information Building Construction Cost \$	ories
Building Contractor's Overfront Davide 910-988-6404	/
Building Contractor's Company Name Telephone Telephone Address Address Address Telephone Telephone	59166 License #
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & worker	s comp
Description of Work	
Buford Electric LLC GIA	ps T-Pole:YesNo 723
Electrical Contractor's Company Name Telepho	
	lectric 20 a yahov.com
C V (L)	ddress 24 - U
Signature of Owner/Contractor/Officer(s) of Corporation	
Mechanical Permit Information	
Description of Work	· ·
Aumber of Units Type System Mechanical Cost 3 (Notion Confort Piv MC: (QIQ) Q2L-1	060
528 this Mouket of Smithfald #2	9077 nee #
Signature of Officer(s) of Corporation	*
Plumbing Permit Information	
Description of Work Number of Baths 2 Plumbing Cost \$	
JAMIE Johnson Plumbing	
Plumbing Contractor's Company Name Telephone	
Address Ol	21649
Address Officers	License #
Signature of Officer(s) of Corporation	
Insulation Permit Information Residential () Other () Not Req	
Insulation Confractor's Company Name & Address Tele	- 8853* ephone
Telegration contractor a company realise & Address	spriorie

Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)	
Do you own the land on which this building will be constructed? Yes No	
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? YesNo	
3. Do you intend to directly control & supervise construction activities? Yes No	
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? Yes No	
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? YesNo	
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 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 FRES - 6 Worths 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:	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:	
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.	
set forth in the permit:	
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	
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	
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.	

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 989172

Filed on: 02/06/2019 Initially filed by: mspcd

Designated Lien Agent

First American Title Insurance Company

Online: 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

Owner Information

MSP Construction & Development, LLC PO Box 2067 Fayetteville, NC 28302 United States Email: mspconstruction2@gmail.com Phone: 910-483-2525

Project Property

lot 135 Anderson Creek Club PID#01053507 0100 14 475 Whispering Pines Dr. Spring Lake, NC 28390 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

02/15/2019

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384