Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company

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

Application for Residential Pullding and Trades Permit name & phone must match Owners Name Subdivision Description of Proposed Work # of Bedrooms Unheated SF 999 Heated SF Finished Bonus Room? No Crawl Space Slab General Contractor Information norrisbuilo Email Address lectrical Contractor Information Service Size 200 Amps T-Pole L Address Email Address License # Mechanical/HVAC Contractor Information - 329-0686 Email Address License # Contractor Information # Baths Email Address Address 27332 License #

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.

s as per current fee schedule Signature of Owner Contractor/Officer(s) of Corporation 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

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1101063

Filed on: 08/27/2019

Initially filed by: cumberlandhomes

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com theto threat lancar cont.

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

23 South Creek 14 Treasure Drive Lillington, NC 27546 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

TMD Residential Properties, LLC. 108 Commerce Drive Dunn, NC 28334 United States Email: norrisbuildinggroup@yahoo.com Phone: 910-892-4345

View Comments (0)

Technical Support Hotline: (888) 690-7384