

Application # SFD 1904-0020

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 information on license.

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

on on license.	
Owner's Name: Lyon Builders Inc.	Date: 4-23-79
Site Address: 224 Captain Harbor	Phone: 919-353-057
	Lot:
Description of Proposed Work: New Construction	
General Contractor Information	1
Lyon Builders toc.	919.3530370 Telephone
Building Contractor's Company Name	Telephone
21 39 Barbeine Church Rel.	
Address	Email Address
56754	
License # Floatrical Contractor Information	n and a second
Description of Work Flexible Contractor Information Service Size:	200Amps T-Pole: Yes No
Water + Pare Electric	919-499-3946
Electrical Contractor's Company Name	Telephone
13067-10	
Address	Email Address
12007-U	
License #	4!
Mechanical/HVAC Contractor Inform	<u>nation</u>
Description of Work HVAC	0//0 / 0 / 0 - /
SAND hills Houton + Refrigeration	910-690-671
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Address	Email Address
<u> </u>	
Plumbing Contractor Informatio	<u>n</u>
Description of Work Plumber	# Baths
Gilbert Plumbor Co.	910 214- 1274
Plumbing Contractor's Company Name	Telephone
	gr Haddel • Broscorpton
Address	Email Address
16929 License #	
License #	
Insulation Contractor Information	<u>n</u>
111- City Ingulation	<del></del>
Insulation Contractor's Company Name & Address	Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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: 4-25-19	

### DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 1032932

Filed on: 04/25/2019

Initially filed by: Lyonbuilders

### Designated Lien Agent

Premier Land Title Insurance Company

Online: www.liensnc.com parp-thweethouse

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

Raleigh, NC 27601 Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com

### **Project Property**

224 captain harbor Sanford, NC 27332 NC County

### Date of First Furnishing

04/29/2019

### Property Type

1-2 Family Dwelling

Paul Lyon

2139 barbecue church rd Sanford , NC 27332 United States

Owner Information

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

View Comments (0)

Technical Support Hotline: (888) 690-7384

## 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