

Application # 5 FD 1904 - 0040

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

ation on license.	
Owner's Name: william + weill Fields	Date: 4-15-19
Site Address: mc Dougald RD	Phone: 910 280-0,
Subdivision: private	Lot: N/A
Description of Proposed Work: NEW HUNSE	
General Contractor Information	<u>1</u>
CEBLU CONSTRUCTION INC	<u>910 984 6765</u> Telephone
Building Contractor's Company Name	Telephone
Address	Telephone KLC m & C & Charter- Email Address
Description of Work Assets (2)	A TO L
Description of Work New House Service Size: 200	
Tm Pope Liect Electrical Contractor's Company Name Telephone	90-3655
3483 Cameron or.	40770
Address	License #
Signature of Officer(s) of Corporation	
Signature of Officer(s) of Corporation Mechanical Permit Information	
Description of Work New House	
	277 4770
Mechanical Contractor's Company Namo	<i>333 4320</i> one
5212 WS TO W Clay for MC 275 Address	20 H3-29077
Address Lillis Pavell	License #
Signature of Officer(s) of Corporation	
Plumbing Permit Information	
	_# Baths
Jamie Johnson plumbing 510	
Plumbing Contractor's Company Name Telepho	
1490 Clark RO 211/1ngta NC 11540 Address/	21645 Ligares #
anie Lo Rosser	License #
Signature of Officer(s) Corporation	
Insulation Permit Information	
Insulation Contractor's Company Name & Address	Tolophono
modiation Contractor's Company Name & Address	Telephone

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



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.

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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: <u>Henrile (Junny</u> LC Date: 4-15-15	

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com (http://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 (mailto:support@liensnc.com)

Project Property

mcdougld rd lillington, NC 27546 harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

04/04/2019

View Comments (0)

Technical Support Hotline: (888) 690-7384

Print & Pos



Contractors:

Please post this no

Suppliers and St

Scan this image w phone to view this file a Notice to Lie project.