

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1097448

Filed on: 08/20/2019

Initially filed by:

southerntouchhomesllc

Designated Lien Agent

Old Republic National Title Insurance Company

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

Project Property

164 Supreme 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

Bryant Lockamy
PO Box 2135
Angier, NC 27501
United States
Email: southerntouchhomesllc@gmail.com
Phone: 919-639-4672

Date of First Furnishing

08/20/2019

View Comments (0)

Technical Support Hotline: (888) 690-7384



Application # _____

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

Owner's Name: Bryant Lockamy Date: 8-20-19
Site Address: 1104 Supreme Drive Lillington, NC Phone: 919-524-3354
Subdivision: Plantation at Vineyard Green Lot: 35
Description of Proposed Work: _____

General Contractor Information

Southern Touch Homes, LLC 919-524-3354
Building Contractor's Company Name Telephone
PO Box 2135 Angier, NC 27501 southern-touch-homes-llc@gmail.com
Address Email Address
78270
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
NO Electric 919-427-6952
Electrical Contractor's Company Name Telephone
19655 NC Hwy 210 Angier, NC 27501 N/A
Address Email Address
13075
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Mainstream Mechanical HVAC 919-934-9339
Mechanical Contractor's Company Name Telephone
412 Lazy Branch Dr. Benson, NC 27504 mainstreammechanical@gmail.com
Address Email Address
31005
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Double J Plumbing 910-814-7705
Plumbing Contractor's Company Name Telephone
6014 Byrd Pond Rd Pembroke, NC 28303 jamiejohnsoplumbing@gmail.com
Address Email Address
21649
License #

Insulation Contractor Information

Tri City Insulation 910-486-8855
Insulation Contractor's Company Name & Address Telephone
334 East Mountain Fayetteville, NC 28306 license # 41733

***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.

Bryant Lockamy
Signature of Owner/Contractor/Officer(s) of Corporation

8-20-19
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: Bryant Lockamy / owner Date: 8-20-19