

Application	on#	
Application	JII #	

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.	10 10 10		
Owner's Name: DENNIS PATTERSON	Date: 13-19-19		
Site Address: 167 RALPH PATTERSON LN.	Phone: 919-770-3724		
Subdivision:	Lot:		
Description of Proposed Work: NEW Home			
General Contractor Information			
Building Contractor's Company Name	9/9-499 -7381 Telephone		
179 ROSSER-PITTMAN RD BROADWAY Address	TAY BREONSTRUCTION (A) ADL. COM Email Address		
<u>56 5 7 9</u> License #			
Electrical Contractor Information			
Description of Work NEW HOME Service Size:			
TRADE MARK ELECTRICAL Electrical Contractor's Company Name	919-842-9899		
Electrical Contractor's Company Name			
PO BOX 82 BROADWAY N.C.	Email Address		
Address	Email Address		
<u>20978-L</u> License #			
Mechanical/HVAC Contractor Information			
Description of Work NEW Home			
CENTER HEAT + AIR	919-275-2400		
Mechanical Contractor's Company Name	Telephone		
511 E MAIN ST SANFORD N.C.			
Address	Email Address		
4627			
License #			
Plumbing Contractor Information			
Description of Work NEW Hom E			
TITAN PLYMBING	910-584-9058		
Plumbing Contractor's Company Name	Telephone		
526 SWIFT CREEK RD RAEFORD N.C. Address	Email Address		
22085 P.1			
License #			
Insulation Contractor Information Parameter Paramet			
Insulation Contractor's Company Name & Address NC.	7/0-486-8855 Telephone		
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*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.

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: Cary Taylor OWNER Date: 12-19-19

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1160336

Filed on: 12/18/2019 Initially filed by: Ctaylorconstruction@aol.com

Designated Lien Agent

First American 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 (mailto suppo

Broadway, NC 27505 Harnett County

Property Type

1-2 Family Dwelling

Owner Information

Dennis Patterson 167 Ralph Patterson Lane Broadway, NC 27505 **United States** Email: ctaylorconstruction@aol.com

Phone: 919-499-7381

Project Property

167 Ralph Patterson Lane

Date of First Furnishing

12/24/2019

Print & Post



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