Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Owner's Name: Rich (h. haho Span Address: Hamilton Pol Bull	Date: a/ 10/ 2010 Phone: 910, 779, 2019	
Directions to job site:		
Subdivision:	Lot:	
	uilding Use: (Please Check)	
✓ New	Residential	
	Modular	
	Commercial	
	Multi-Family	
Other		
Description of Proposed Work: SFL Total Project Cost: ▼ 200, 000.000		
	mit Information	
Heated SF 1, 90 Crawl Space ()	uilding Construction Cost \$ \(\delta \operatorname{\text{COS}} \)	
Unheated SE 1133 Slah (V	res Disturbed Stories /	
Building Contractor's Company Name	P100. 979.0019	
Building Contractor's Company Name	Telephone	
PO DOX 57798 Forethelly UK 78705	Telephone	
Address	License #	
Mais C) Stot		
Signature of Officer(s) of Corporation		
Electrical Pe	rmit Information	
Description of Work 1) 4 4 4 4 6 1	Flectrical Cost \$ 5,000	
TS Pole: Yes (v) No () Underground (v) Ov	verheard ()	
Permanent Service: Underground () Overhead	() Service Size: 750 Amps	
Planel Flectic	9(9.499.7767	
Flectrical Contractor's Company Name	Telephone	
80 No: 11 Thomas Cillington, DC 27546	31693-0	
Address	License #	
Signature of Officer(s) of Corporation		
	W. L. C	
Description of Work Wev 955km	ermit Information	
Number of Units Type System Type System	WA - Elective Mechanical Cost \$ 6,000	
Certified Houting = A.	90, 858, 0000	
Mechanical Contractor's Company Name	Telephone	
10 Box 1071 Huse M:(15, 1x 78748	12-CH 2008	
Address	License #	
Signature of Officer(s) of Corporation		
Plumbing Pe	rmit Information	
Description of Work No system		
Number of Baths 7.5	Plumbing Cost \$ 46.645.00	
Bull these flowpay		
Plumbing Contractor's Company Name	Telephone	
620 Gillopie Street Fyethenly, ex 20306	License #	
Address Geard	License #	
Signature of Officer(s) of Corporation		
Signature of Officer(s) of Corporation		
Insulation Permit Information		
Residential (Other () Not Required ()	os chata al Fasethille 900.781.1526	
Comboland Consolution 428	7 61 61 61	
Insulation Contractor's Company Name Ad	ddress NC Telephone	

Sprinkler System Information

Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation Fire A	larm System Information
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	Driveway Access
NC Department of Transportation Driveway	y Access/Permit? Yes No
correct and that the construction will construction will construction and Mechanical codes, and the information on the above contractors is constructors of any changes.	to make necessary application, that the application is conform to the regulations in the Building, Electrical, the Harnett County Zoning Ordinance. I state the correct as known to me and if any changes occur in the sibility to notify the Harnett County Inspections Division \[\begin{align*} \left(1) & \text{TOTO} \end{align*}
Signature of Owner/Contractor/Officer(s) o	f Corporation Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned	applicant for Building Permit # being the:
	Contractor Owner Officer/Agent of the Contractor or Owner
	firm under penalties of perjury that the person(s), firm(s) or corporation(s) ork set forth in the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
Has/have one (1) or more subcontractors(s) who has/have their own police workers' compensation insurance covering themselves.	
	Has/have not 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.	
Firm Name:	BSREY Inc.
By/Title:	Den Stort, Poidet
Date:	2/14/7020

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1188980

Filed on: 02/13/2020

Initially filed by: Victoriastout#1

Designated Lien Agent

Investors 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-support@liensnc.com)

Project Property

Lot #2 Robins-Spoon Map #2019-20 Hamilton Rd Bunnlevel, NC 28348 Harnett County

Property Type

1-2 Family Dwelling

Owner Information

Rick and Chikako Spoon Hamilton Rd Suite 103 Bunnlevel, NC 28323 United States

Email: ben@benstoutconstruction.com

Phone: 910-779-0019

Date of First Furnishing

03/13/2020

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384