

Application # _____

* Each section below to be filled out by whomever performing work, Must be owner or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Harington Purportus of N	C, LLC Date: 1-12-202
Site Address: 5// Martha Road	Phone: 9/9. 110-5969
Subdivision:	Lot:
Description of Proposed Work: New Home	Total Job Cost:
General Contractor II	nformation
Harrington Roperhusod NC. LLC	9/9-110-5969
Building Contractor's Company Name	Telephone But dhaving he popular of a
2659 San Let Dehr Sanfad, NC 273	130 Brandon dhawkythy proportion of a
Address	Émail Address
75410	
License #	Information
Description of WorkSer	Information No Price Size:
Billing Electre Co.	919-770-0143
Electrical Contractor's Company Name	Telephone
736 John Rosear Road Sanded	
Address	Email Address
18798-U	a Million of the
License #	
	ntor Information
Mechanical/HVAC Contract	ctor Information
Mechanica/HVAC Contract Description of Work	
Description of Work BrT IIVAC Inc.	919-362-5846
Description of Work ### Description of Work ### ### Description of Work ### ### ### ### #### ###############	919-362-5846 Telephone
Mechanical/HVAC Contract Description of Work ### ### ############################	919-362-5846 Telephone
Description of Work OFT ITVAL Jac. Mechanical Contractor's Company Name 992 Itostons Cond Red Aper, N Address 22523	919-362-5846 Telephone
Mechanical/HVAC Contract Description of Work OFT INAC Jac. Mechanical Contractor's Company Name 992 Hostons Cond Red Aper, N Address 27523	919-362-5846 Telephone
Description of Work OFT ITVAL Jac. Mechanical Contractor's Company Name 992 Itostons Cond Red Aper, N Address 22523	919- 362-5846 Telephone [C] Email Address
Mechanical/HVAC Contract Description of Work OFT ITVAL Jac. Mechanical Contractor's Company Name 992 Identical Contractor Identical Co	919- 362-5846 Telephone [C] Email Address
Mechanical/HVAC Contract Description of Work OFT ITVAL Jac. Mechanical Contractor's Company Name 992 Identical Contractor Identical Co	919-362-5846 Telephone Email Address Information # Baths
Description of Work OFT ITVAL Jac. Mechanical Contractor's Company Name 992 Italians Cond Read Apon, No Address 27823 License # Plumbing Contractor Description of Work Mill Leslie Plumbing	719-362-5846 Telephone Email Address Information
Description of Work OFT ITVAL Jac. Mechanical Contractor's Company Name 992 Identification Read Apen, No Address 27523 License # Plumbing Contractor Plumbing Contractor's Company Name	919-362-5846 Telephone C
Mechanical/HVAC Contract Description of Work OFT INAL Jac. Mechanical Contractor's Company Name 992 Idestons Cond Read Apex, N Address 27523 License # Plumbing Contractor Plumbing Contractor's Company Name 1366 Coffee Cond Sonker, NC Address	919-362-5846 Telephone C
Description of Work OFT ITVAL Jac. Mechanical Contractor's Company Name 992 Italians Cond Read Apon, N Address 27523 License # Plumbing Contractor Plumbing Contractor's Company Name 1366 Coffee Read Sonker, NC	919- 362-5846 Telephone
Mechanical/HVAC Contract Description of Work OFT ITVAL Jac. Mechanical Contractor's Company Name 992 Itoslans Cond Red Apex, N Address 27523 License # Plumbing Contractor Description of Work MILL Lessie Plumbing Plumbing Contractor's Company Name 1366 Coffee Red Sonker, NC Address 12949 License #	Telephone Email Address Information # Baths 1/9- 448-7670 Telephone Email Address
Mechanical/HVAC Contract Description of Work PT IVAL Jac. Mechanical Contractor's Company Name 992 Italian Contractor Real Apex, No. Address 27523 License # Plumbing Contractor Description of Work Plumbing Contractor's Company Name Jab Coffee Real Sonker, No. Address 12949	Telephone Email Address Information # Baths 1/9- 448-7670 Telephone Email Address

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 contractors to obtain these permits and if any changes occur including listed contractors, site plan, 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!

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

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 three (3) or more employees and has obtained workers' compensation insurance to sever a sever
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
Sign w/Title: Date: 1-12-2-21

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1379969

Filed on: 01/12/2021 Initially filed by: harringtonpropertiesofnc

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (http://www.liensnc.com)

Address: 223 5. West Street, Suite 900 /

Raleigh, NC 27603 **Phone:** 888-690-7384 **Fax:** 913-489-5231

Email: support@liensnc.com (mailte support@lensnc

Project Property

Lot 5 Mcarthur Road 511 Mcarthur Road Sanford, NC 27330 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

02/01/2021

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

Harrington Properties of NC, LLC 2659 San Lee Drive Sanford, NC 27330 United States Email:

brand on @harring ton properties of nc. com

Phone: 919-770-5969

View Comments (0)

Technical Support Hotline: (888) 690-7384