

Application # _____

* 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. 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

Date: 4-26-2
ton, nc Phone: 919-524-3354
Lot: 71
n, residential
,
ormation
919-524-3354
Telephone
southerntouchhomesllc@gmail.com
Email Address
formation
ice Size:Amps T-Pole: Yes No
919-427-6952
Telephone
n/a
Email Address
or Information
919-934-9339
Telephone
mainstreammechanical@gmail.com
Email Address
formation
Baths
910-814-7705
Telephone
jamiejohnsonplumbing@gmail.com
Email Address
formation
910-486-8855

*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.

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

4-26-21 Date

The under	Affidavit for Worker's Compensation N.C.G.S. 87-14 rsigned applicant being the:
X	General Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby set forth in	confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work the permit:
На	s three (3) or more employees and has obtained workers' compensation insurance to cover them.
them.	s one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover
Har covering to	s one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance hemselves.
Ная	s no more than two (2) employees and no subcontractors.
to issuance	king on the project for which this permit is sought it is understood that the Central Permitting int issuing the permit may require certificates of coverage of worker's compensation insurance prior to the permit and at any time during the permitted work from any person, firm or corporation but the work. Date:
Sign w/Titl	le: Different proposition (OLDON) Date:

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1378388

Filed on: 01/08/2021 Initially filed by: southerntouchhomeslic

Designated Lien Agent

Old Republic National Title Insurance Company

Online: www.liensnc.com associations.com

Address: 223 S. West Street, Suite 900 /

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

Email: support@liensnc.com

Project Property

Lot 71 South Creek Subdivision 46 Hazelwood Road 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

Owner Information

Bryant Lockamy PO Box 2135 Angier, NC 27501 United States

Email: southerntouchhomeslic@gmail.com

Phone: 919-639-4672

Date of First Furnishing

01/08/2021

View Comments (0)

Technical Support Hotline: (888) 690-7384