

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

on on ticense:		x1
	n Builders Inc	Date:
Site Address: 059	lahoide Lone	Phone: 919-353-0
Subdivision:		Lot: 99.353-0370
Description of Proposed	d Work: New Construction	Total Job Cost:
General Contractor Information		
Won Builde	13 Inc	919-353-0376
Building Contractor's C	A	Telephone
239 Barbeau	Church Rd Sangord, NC	MonPlow gmail Cor Email Address
Address 56754	2 1332	Email Address
License #	-	
	Electrical Contractor Information	20.00
Description of Work		Amps T-Pole: Yes_
Electrical Contractor's	Dace electric	919-499-3946
CALL PAIR DO	Santord NC 27332	Telephone
Address	July 10101 Hac C 1032	Email Address
17007-11		Email / Ida1000
License #		
Mechanical/HVAC Contractor Information		
Description of Work		
Jandhills 1	leating and letriquation	910-338-3723
Mechanical Contractor'	s Compan∲ Name ()	Telephone
9006 NOETI P	herdeen, NC 28315	-
Address 2/277		Email Address
License #	_	
Plumbing Contractor Information		
Description of Work	lumbing	# Baths
McDonald .	Plumbirg	919-770-0773
Plumbing Contractor's	_ \	Telephone
	Station Rd. Sonrford, NC	
Address	C 1332	Email Address
License #	-	
Insulation Contractor Information		
TVI-CH.33	H E Mountain Dr. Fayetteville.	910-486-8855
Insulation Contractor's	Company Name & Address 28306	Telephone

\*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 Swner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Owner \_\_\_\_\_ Officer/Agent of the Contractor or Owner General Contractor 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:

## DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 1531582

Filed on: 08/30/2021 Initially filed by: Lyonbuilders

#### Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com

Address: 223 S. West Street, Suite 900 /

Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (mails support@liensnc.com)

#### **Project Property**

359 Lakeside Ln Sanford, NC 27332 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

Paul Lyon 2139 barbecue church rd Sanford , NC 27332 United States

Email: Lyonp70@gmail.com Phone: 919-353-0370 Date of First Furnishing

08/31/2021

View Comments (0)

Technical Support Hotline: (888) 690-7384