

Application # _____

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

| Owner's Name: Suzette Dowling | Date _11/01/21 |
|---|--|
| Site Address: 1037 Atkins Rd | Phone <u>908-380-7775</u> |
| Subdivision: | Lot7 <u>88</u> |
| Description of Proposed Work: Construct new home | |
| General Contractor Info | |
| Cunningham Construction Group LLC | 252-235-7565 |
| Building Contractor's Company Name | Telephone |
| PO Box 545 Morehead City NC 28557 Address | worth@cunningham-construction.com Email Address |
| 84583 HEATED SQ FT_4730_ GARAGE S | SQ FT850 |
| License # Electrical Contractor Info | ormation |
| Description of Work Wire new home Service | ce Size: <u>400</u> Amps T-Pole: <u>X</u> YesN |
| Jav W Electric 252- | -237-8653 |
| Electrical Contractor's Company Name | Telephone |
| 4906 Sawdust RD Wilson NC 27896 | jaywelectric@nc.rr.com |
| Address | Email Address |
| <u>U.18713</u> | |
| License # Mechanical/HVAC Contracto | or Information |
| Description of Work New Home | |
| Performance Heating & Cooling, Inc | |
| Mechanical Contractor's Company Name | Telephone |
| 3466 Airport Rd Wilson NC 27896 | stuart@performancehvac.com |
| Address | Email Address |
| <u>L.13303</u> | |
| License # Plumbing Contractor Inf | formation |
| | # Baths6 |
| • | (252) 235-2004 |
| Kenwell Plumbing Co. Plumbing Contractor's Company Name | Telephone |
| | sabagwell@myglnc.com |
| 7039 Boykin Rd Sims, NC 27880 Address | Email Address |
| | |
| <u>L.16350</u> License # | |
| Insulation Contractor Information | |
| Tri City Insulation 1901 Herring Ave Wilson NC 27893 | 252-243-4999 |
| Insulation Contractor's Company Name & Address | 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 Owner/Contractor/Officer(s) of Corporation Date 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 periury 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: President Date: 12-15.21

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1598507

Filed on: 12/16/2021

Initially filed by: CFEVER303

Designated Lien Agent

Chicago Title Company, LLC

Online: www.llensnc.com pate (pare tensection)

Address: 223 S. West Street, Suite 900 /

Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com mages

Project Property

1037 Atkins Rd Fuguay Varina NC 27526 Fuquay Varina NC, NC 27526 Harnett County

Property Type

1-2 Family Dwelling

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

Owner Information

Cunningham Construction Group LLC P.O. BOX 545

MOREHEAD CITY, NC 28557 **United States**

Email: worth@cunninghamconstruction.com

Phone: 252-726-0066

Date of First Furnishing

12/16/2021

View Comments (0)

Technical Support Hotline: (888) 690-7384