DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 2113680

Filed on: 03/19/2024

Initially filed by: Ricardo1010

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com thttp://www.liensnc.com/

>ddress: 223 S. West Street, Suite 900 /

Raleigh, NC 27603 Phone: 888-690-7384

Phone: 888-690-738 Fax: 913-489-5231

Email: support@liensnc.com mailto support@liensnc.com

Project Property

93 knight rd Broadway , NC 27505 Lee 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.

Oner Information

Ricardo Rodriguez 1332 black rd Cameron, NC 28326 United States

Email: ricardo.8777@yahoo.com

Phone: 919-356-9933

View Comments (0)

Technical Support Hotline: (888) 690-7384



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.

| Ricado Rodriguez Mendoza | 03-20-24 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 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 perjury that the personal set forth in the permit: | on(s), firm(s) or corporation(s) performing the work |
| Has three (3) or more employees and has obtained | workers' compensation insurance to cover them. |
| Has one (1) or more subcontractors(s) and has obta | ained workers' compensation insurance to cover |
| 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 subcor | ntractors. |
| While working on the project for which this permit is sought Department issuing the permit may require certificates of costo issuance of the permit and at any time during the permit carrying out the work. | overage of worker's compensation insurance prior |
| Sign w/Title: Ricardo Radriguez Mendoza | Date: 03-21-24 |