LiensNC

Appointment of Lien Agent Related Filings

Designated Lien Agent

Entry Number:

2128080

First American Title Insurance Company

Filed by:

spruillconstruct

Online: www.liensnc.com

Address: 223 S. West Street, Suite 900 / Raleigh, NC 27603

Email: support@liensnc.com

Fax: (919) 489-5231

Technical

Support Hotline: (888) 690-7384

Filing Date:

04/11/2024

Owner Information

Rita Ishmael

373 Flowers Dr

Sanford

NC

27332

United States

919-579-1400

rvi.ishmael7777@gmail.com

Project Property

App-03969-CM Recon 04

NCORR

373 Flowers Dr Sanford NC 27332

Sanford, NC

27332

Harnett County

Property Type:

1-2 Family Dwelling

Date First Furnished:

04/11/2024

Comments

No comments have been made.

Entry Number	Filing Date	Project Property	Potential Lien Claimant	Contracted Through		
2128081 Status: Active Expires on 04/11/2029	04/11/2024	App-03969-CM Recon 04 NCORR 373 Flowers Dr Sanford NC 27332 Sanford, NC, NC 27332 Harnett County	LINDEN, NC, NC 28356	NCORR		
Comments No comm	: ents have be	en made.				
Report generated by spruillconstruct on Thu Apr 11 09:43:35 EDT 2024						

LiensNC Notice of Appointment of Lien Agent - Address: 373 Flowers Dr Sanford NC 27332, Sanford, NC, 27332

From: LiensNC Support (donotreply@liensnc.com)

Date: Thursday, April 11, 2024 at 09:24 AM EDT

A(n) Appointment of Lien Agent was filed on April 11, 2024, 09:23:52 AM using the North Carolina Online Lien Agent System (LiensNC). Details of this filing include:

Project Property

App-03969-CM Recon 04 NCORR 373 Flowers Dr Sanford NC 27332 Sanford, NC, NC 27332 Harnett County

Entry Number: 2128080 (entry search, view related filings)

Date of Filing: April 11, 2024, 09:23:52 AM

Lien Agent

First American Title Insurance Company

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

Owner Information

Rita Ishmael 373 Flowers Dr

Sanford, NC 27332

United States Email: rvi.ishmael7777@gmail.com

Phone: 919-579-1400

Design Professionals

SUMMIT Design and Engineering Service 1716 Raynor McLamb Rd Linden NC 28356 LINDEN, NC, NC 28356

Email: t.tellup@summitDE.net

Phone: 919-732-3883

Date of First Furnishing

April 11, 2024

Click to view full filing details

Scan for instant access on your mobile phone





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/10/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Sarah Algood						
Snipes Insurance Service, Inc.	PHONE (A/C, No. Ext): (910) 892-2121 FAX (A/C, No): (910)	892-5228					
PO Box 1165	E-MAIL ADDRESS: sarah@snipesinsurance.com						
Dunn, NC, 28335	INSURER(S) AFFORDING COVERAGE						
Productions - Curci - Corpulational	INSURER A: BUILDERS MUTUAL INSURANCE CO						
INSURED CONSTRUCTION CONSTRUCTION	INSURER B:						
THE SPRUILL CONSTRUCTION Corp PO BOX 478	INSURER C:						
BUNNLEVEL, NC, 28323	INSURER D :						
	INSURER E :						
	INSURER F:						
COVERACES CERTIFICATE NUMBER	D. 1712774956029 DEVISION NUMBER						

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR			ADDL S	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
_	X COMMERCIAL GENERAL LIABILITY			1111	CPP 0053350 12	4/3/2024	4/3/2025	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
								MED EXP (Any one person)	S	5,000
								PERSONAL & ADV INJURY	S	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY			CAP 0010977 19	4/3/2024	4/3/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO						BODILY INJURY (Per person)	\$	1,000,000
Α		OWNED SCHEDULED AUTOS ONLY	1 1					BODILY INJURY (Per accident)	\$	1,000,000
	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	1,000,000
									\$	
	Х	UMBRELLA LIAB OCCUR			MUB 0000468 13	4/3/2024	4/3/2025	EACH OCCURRENCE	\$	4,000,000
Α		EXCESS LIAB CLAIMS-MADE						AGGREGATE	s	4,000,000
	DED RETENTION \$								s	
Α	A WORKERS COMPENSATION		WCP 1018127 12	4/3/2024	4/3/2025	X PER OTH-				
ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	500,000		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		NIA	A.,				E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	S 10-1

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