



Application # BRES 1807-0051

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

Existing Permit

*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.

Application for Residential Building and Trades Permit

Owner's Name: Harte Financial, LLC Date: 9-18-18
Site Address: 4841 NC 210 N, Ansier Phone: 919-868-3024
Subdivision: _____ Lot: _____
Description of Proposed Work: Remodel, Electric, HVAC & Plumbing

General Contractor Information

All Home Renovation 919-796-2589
Building Contractor's Company Name Telephone
716 Tampa Dr, Fuquay Varina Mike@homeremovation.com
Address Email Address
57914
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
On File
Electrical Contractor's Company Name Telephone
Address Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work _____
On File
Mechanical Contractor's Company Name Telephone
Address Email Address
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone
On File
Address Email Address
License #

Insulation Contractor Information

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.

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

9-18-18
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

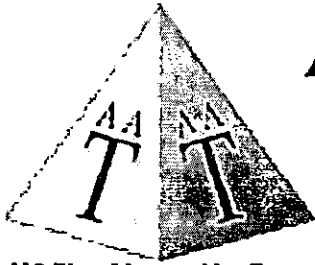
General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the 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: *Jama R* *Howe* President Date: 9-18-18



A A TAKLA ENGINEERING, PLLC

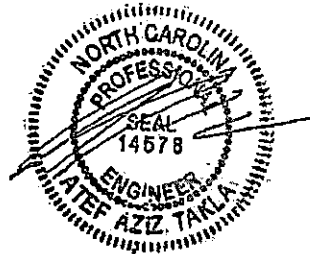
Consulting. Design. Efficiency.

NC Firm License No. P-1446
PO Box 71298 Durham NC 27722

ANDY A. TAKLA, EI
919-423-0470
ANDYTAKLA@TAKLAENOR.COM
Cert. #A-29014

Andy A. Takla E.I.

ATEF A. TAKLA, PE
919-358-1758
ATEFTAKLA@TAKLAENOR.COM
Lic. #14578



9-11-2018

ALFRED A. TAKLA, EI
919-332-7903
ALFREDTAKLA@TAKLAENOR.COM
Cert. #A-20939

Alfred A. Takla EI

Project: 4841 NC Hwy 210
Location: Angier, NC
Company: N/A
Care Of: John Harte
Subject: Framing Inspection

As requested, A A Takla Engineering visited the site on September 11th, 2018 to evaluate the ceiling framing and floor framing system of first story and porch. Based on observations, evaluations, and calculations we find and recommend the following:

- 1) The entire floor framing was evaluated and found sufficient to carry anticipated live and dead loads. No modifications are required to pass floor inspection.
- 2) Ceiling framing was evaluated at right section (where flat 2x4s @ 16" on center are installed as sheetrock nailers under existing paneling. This is found inadequate. To remedy, we recommend:
 - a) Remove 2x4 nailers and paneling.
 - b) Scab each 2x6 ceiling joist with new 2x8 SYP No.2 or better. Attach scabs with (2) 10d nails at 12" on center. Due to preexisting deflections of 2x6 ceiling joists, scabs are intended to be slightly vertically offset as to provide a new, level bottom edge plan to provide a level surface to install drywall to. 2x8s may be notched and ledgered on existing bands at each end or notched to bear directly on wall(s) if adequate depth is available. Drilling holes through new scabs to accommodate electrical wires are permitted.
- 3) 2x4 @ 24" on center rafters at rear porch were evaluated. Based on calculations, the 2x4s are slightly overstressed when subjected to design ground snow loads. To remedy we recommend installing an additional 2x4 or (ideally) a 2x6 between each existing 2x4 rafter. Ensure all rafters are either:
 - a) Bearing inside wall (meaning they don't end at siding, but penetrate through siding to bear inside wall).
 - b) Are ledgered on a 2x2 ledger nailed to each stud (behind the siding) with (3) 10d nails.
 - c) Are hungared on standard or angled joist hangers.

Limitations of Inspection: Services provided are in accordance with the standard of practice for structural engineering and within the limits imposed by scope, schedule and budget. The determinations contained in this report are based on conditions observed at the time of the evaluation. No guarantees or warranties, expressed or implied, under this Agreement or otherwise, shall be construed in connection with services provided. Sequencing, shoring, means and methods of construction are considered beyond the scope of this report.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/18/2018

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 Creative Insurance Solutions 1321 N. Main Street Fuquay Varina NC 27526		CONTACT NAME: Rhonda Ward PHONE (A/C, No, Ext): (919) 557-9085 FAX (A/C, No): (919) 557-5670 E-MAIL ADDRESS: rhonda@creativeinsurancesolutions.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Selective Insurance Co. of America	NAIC # 12572
		INSURER B: The Hartford	30104
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1632108986 **REVISION 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			S2341624-00	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			S2341624-00	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			S2341624-00	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	22WBCAB3FQ8	04/01/2018	04/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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
Harte Financial 2009 N Tansea Ct Fuquay Varina NC 27526	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 

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