

09/09/11

Application #

Harnett County Central Permitting
PO Box 85 Lillington NC 27548
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

BRES1903-0034

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name ANDERSON EDWARD J - ANDERSON DONNA J Date 3/15/19

Site Address 839 ADCOCK RD LILLINGTON, NC 27546 Phone 910-890-1002

Directions to job site from Lillington US-421 N, left on manners Rd
Right on old US-421 N, left on Adcock Rd.

Subdivision None - 3.28 ACRES ALPHA ADCOCK HEIRS Lot _____

Description of Proposed Work Install Helical piers to stabilize foundation per Engineer design. # of Bedrooms 4

Heated SF 2,770 Unheated SF _____ Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Foundaion Solution, LLC t/a Ram Jack, LLC 919-309-9727

Building Contractor's Company Name Telephone

4122 Bennett Memorial Rd, Sulte 304, Durham, NC 27705 betsy@ramjackusa.com

Address Email Address

81330

License # _____

Electrical Contractor Information

Description of Work N/A Service Size _____ Amps T-Pole Yes No

Electrical Contractor's Company Name Telephone

Address Email Address

License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A

Mechanical Contractor's Company Name Telephone

Address Email Address

License # _____

Plumbing Contractor Information

Description of Work N/A # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License # _____

Insulation Contractor Information

N/A
Insulation Contractor's Company Name & Address Telephone

*NOTE General Contractor 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

Richard D. Epps
Signature of Owner/Contractor/Officer(s) of Corporation

3/15/19
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

Company or Name Betsy Tate

Sign w/Title production Admin. - Betsy Tate Date 3/15/19