

Application # \_\_\_\_\_

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

\* 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: Bill Bowen Date: 3-19-19  
Site Address: 323 Woodcroft Dr., Angier NC 27501 Phone: 919-639-6944  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Sealed Crawl Space

**General Contractor Information**

Crawl Space + Basement Tech, LLC 919-308-6224  
Building Contractor's Company Name Telephone  
2650 Discoverys Dr., Ste 100 Raleigh NC jasonm@cbtotfnc.com  
Address 27616 Email Address  
N/A  
License #

**Electrical Contractor Information**

Description of Work 1 GFCI outlet Service Size: 20 Amps T-Pole:  Yes  No  
Danco Electrical Contractors 919-562-3191  
Electrical Contractor's Company Name Telephone  
890 Park Ave. Youngsville NC 27596 info@dancoelectrical.com  
Address Email Address  
24384-4  
License #

**Mechanical/HVAC Contractor Information**

Description of Work 1-4" Air Supply Vent in Crawl Space  
Element Service Group 919-926-1425  
Mechanical Contractor's Company Name Telephone  
1108 Nowell Rd. Ste B Keith@callement.com  
Address Email Address  
31519  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name N/A Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

USI Smith Insulation Louisbery NC 919-469-3512  
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.**

Jason Mullins  
Signature of Owner/Contractor/Officer(s) of Corporation

3-19-19  
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.

Sign w/Title: Jason Mullins - President

Date: 3-19-19

# Crawl Space & Basement Technologies

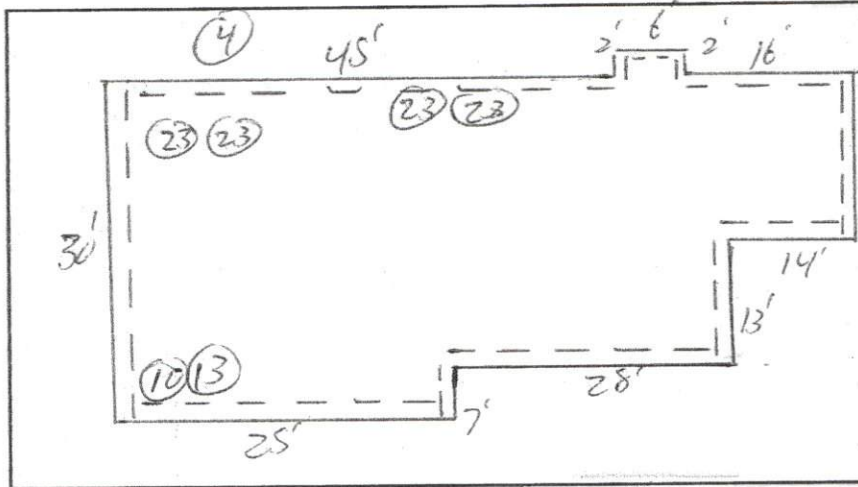
The Crawl Space & Basement Specialists™

2650 Discovery Drive, Suite 100  
 Raleigh, North Carolina 27616  
 Phone: 919-847-7072 • Fax: 866-266-1652  
 www.CBTofNC.com  
 customerservice@cbotofnc.com

Customer: Bill Bowen  
 Address: 323 Woodcroft Dr.  
 City: Angier State: NC Zip: 27501  
 Home: \_\_\_\_\_ Cell: 919-639-6944  
 Email: wjreb69@charter.net  
 Date of Visit: 2/5/19  
 Date of Start: 1/1/19 Estimated days: 4-5

\_\_\_\_\_ Basement  Crawl Space \_\_\_\_\_ Attic

- Code
1. Attic
  2. Basement
  3. Crawl Space
  - ④ Outside Door
  5. Furnace
  6. Water Heater
  7. Stairs
  8. Toilet
  9. Sink
  - ⑩ Sump Pump
  11. Window
  12. Shower



- ⑬ Humid-Evac™
14. Dehumidifier
15. Fireplace
16. Garage
17. I-Beam
18. Helical Pier
19. Carbon Fiber Strip
20. Angle Iron
21. Pump Discharge
22. Gravity Discharge
- ⑬ Screw JACK
24. \_\_\_\_\_
25. \_\_\_\_\_

Wall LF 206 Floor SF 1462  
 Wall Height 3.5 Wall SF 721  
 Drainage Pipe SF 206 Other \_\_\_\_\_

Subcontractors:  Electrician  HVAC \_\_\_\_\_ Plumber  Insulation  
 \_\_\_\_\_ Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Financing \_\_\_\_\_ Other

We Propose hereby, to furnish material and labor – complete, in accordance with above specifications, for the sum of: \_\_\_\_\_ dollars \$ \_\_\_\_\_  
 Deposit Required \$ 0 Deposit Paid \$ \_\_\_\_\_ Balance Due Upon installation \$ 14,600.00

**PAYMENT TO BE MADE IN FULL TO FOREMAN UPON COMPLETION.**  
**IF CREDIT CARD IS ON FILE, IT WILL AUTOMATICALLY BE PROCESSED ON FINAL DAY OF JOB.**

All material is guaranteed to be as specified. All work to be completed in a workman-like manner according to the standard practices. Any alterations or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. Property owner assumes all responsibility for damages due to breakage of any hidden fuel/utility service lines, though we will do our best to avoid such damage.

Authorized signature [Signature] Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal – The above prices, specifications and conditions, listed on the front and back of this form, are satisfactory and are hereby accepted. CBT is authorized to do the work as specified. Payment will be made as outlined above. Date of Acceptance \_\_\_\_\_  
 Authorized signature \_\_\_\_\_  
 Authorized signature \_\_\_\_\_

# Crawl Space & Basement Technologies

The Crawl Space & Basement Specialists™

Customer: Bill Bowen

- Premium Sealed Crawl
- Basic Sealed Crawl Space
- Drainage Only
- Foundation Repair

Option # \_\_\_\_\_

## WATER PROOFING

Drainage Pipe	<u>206</u> LF	X	<u>20</u> /LF	= \$ <u>4120</u>
Sump Pump System	<u>1</u> Qty		<u>3/4</u> HP	= \$ <u>950</u>
Gravity Discharge	_____ LF	X	_____ /LF	= \$ _____
Battery Back-up System				= \$ _____
Electrician	<u>1 Dedicated 20 Amp GFI</u>			= \$ <u>450</u>

## ENCAPSULATION

12 Mil Liner	<u>1462</u> SF	X	<u>1.75</u> /SF	= \$ <u>2559</u>
20 Mil Liner	_____ SF	X	_____ /SF	= \$ _____
6 Mil Vapor Barrier	_____ SF	X	_____ /SF	= \$ _____
Rigid Wall Panel	_____ SF	X	_____ /SF	= \$ _____
Crawl Space Prep				= \$ _____
Large Dehumidifier	_____ Qty			= \$ _____
Small Dehumidifier	_____ Qty			= \$ _____
Humid-Evac	<u>1</u> Qty			= \$ <u>950</u>
Take-off Vent-Supply Air	<u>1</u> Qty			= \$ <u>225</u>
Crawl Space Door Weather Strip or Replace				= \$ <u>175</u>
(Number of Doors _____)				

## INSULATION

Remove Insulation	<u>1462</u> SF	X	<u>.40</u> /SF	= \$ <u>585</u>
Closed-cell Spray Foam	<u>721</u> SF	X	<u>3.25</u> /SF	= \$ <u>2343</u>
Open-cell Spray Foam	_____ SF	X	_____ /SF	= \$ _____
R-19 Fiberglass	_____ SF	X	_____ /SF	= \$ _____
R-10 Foam Board	_____ SF	X	_____ /SF	= \$ _____

## MOLD REMEDIATION

Light Clean	<u>1462</u> SF	X	<u>1</u> /SF	= \$ <u>1462</u>
Heavy Clean	_____ SF	X	_____ /SF	= \$ _____
Microban Only	_____ SF	X	_____ /SF	= \$ _____
Air Scrubber Rental	_____ Days			= \$ _____
Dehumidifier Rental	_____ Days			= \$ _____
Air Mover Rental	_____ Days			= \$ _____

## FOUNDATION REPAIR

Steel I-Beams	_____ Qty	X	\$ _____	= \$ _____
Helical Piers	_____ Qty	X	\$ _____	= \$ _____
Floor Jacks	<u>4</u> Qty	X	<u>\$500</u>	= \$ <u>2000</u>
Carbon Fiber Strips	_____ Qty	X	\$ _____	= \$ _____
Angle Iron	_____ LF	X	\$ _____	= \$ _____

**OTHER CHARGES (see attached)** Harnet County Permits = \$ 400

**TOTAL ESTIMATE** \$ 16,219.00

My Best Price = \$14,600.00

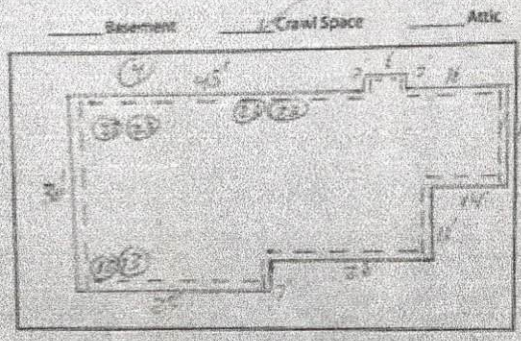
# Crawl Space & Basement Technologies

The Crawl Space & Basement Specialists™

2650 Discovery Drive, Suite 100  
 Raleigh, North Carolina 27616  
 Phone: 919-847-7072 • Fax: 919-847-1652  
 www.CBTofNC.com  
 customerservice@cbtofn.com

Customer: Bill White  
 Address: 733 Woodmont Rd  
 City: Anges State: NC Zip: 27604  
 Home: \_\_\_\_\_ Cell: 919-838-6900  
 Email: billwhite@cbtofn.com  
 Date of Visit: 2-15-14  
 Date of Start: 1/1 Estimated days: 1-2

- Costs
1. Attic
  2. Basement
  3. Crawl Space
  4. Outside Door
  5. Furnace
  6. Water Heater
  7. Stairs
  8. Toilet
  9. Sink
  10. Sump Pump
  11. Window
  12. Shower



13. Humid-Evac™
14. Dehumidifier
15. Fireplace
16. Garage
17. I-Beam
18. Helical Pier
19. Carbon Fiber Strip
20. Angle Iron
21. Pump Discharge
22. Gravity Discharge
23. Screw JACK
24. \_\_\_\_\_
25. \_\_\_\_\_

Wall LF: 206 Floor SF: 1412  
 Wall Height: 5' Wall SF: 721  
 Drainage Pipe SF: 206 Other: \_\_\_\_\_

Subcontractors:  Electrician  HVAC  Plumber  Insulation

Payment Method:  Credit Card  Check  Financing  Other

We Propose hereby, to furnish material and labor - complete, in accordance with above specifications, for the sum of: Dollars \$ \_\_\_\_\_

Deposit Required \$ 0 Deposit Paid \$ \_\_\_\_\_ Balance Due Upon Installation \$ 17,660.00

**PAYMENT TO BE MADE IN FULL TO FOREMAN UPON COMPLETION.**  
**IF CREDIT CARD IS ON FILE, IT WILL AUTOMATICALLY BE PROCESSED ON FINAL DAY OF JOB.**

All material is guaranteed to be as specified. All work to be completed in a workman-like manner according to the standard practices. Any alterations or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. Property owner assumes all responsibility for damages due to breakage of any hidden fuel/utility service lines, though we will do our best to avoid such damage.

Authorized signature: [Signature] Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal - The above prices, specifications and conditions, shown on the front and back of this form, are satisfactory and are hereby accepted. CBT is authorized to do the work as specified. Payment will be made as outlined above. Date of Acceptance: 2/15/14

Authorized signature: [Signature]  
 Authorized signature: [Signature]