

09/09/11

Application #

BRES1904-0036

Harnett County Central Permitting  
PO Box 85 Lillington NC 27548  
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.

**Application for Residential Building and Trades Permit**

Owner's Name CARON ARMAND JOHN & CARON CYNTHIA L Date \_\_\_\_\_

Site Address : 75 MARTHAS LN SPRING LAKE, NC 28390 Phone 910-497-8382

Directions to job site from Lillington \_\_\_\_\_  
Head west on E Front St toward S 1st St, left onto S Main St, right onto NC-210 S, right onto Overhills Rd  
Stay on Overhill road through two traffic circle, left onto Marthas Ln

Subdivision HAPPY ACRES SEC 3 Lot LOT #48

Description of Proposed Work Foundation stablization # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

Foundtion Solutions, LLC t/a Ram Jack, LLC 919-309-9727  
Building Contractor's Company Name Telephone  
4122 Bennett Memorial Rd, Suite 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

Betsy Tate  
Signature of Owner/Contractor/Officer(s) of Corporation

4/16/19  
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 producer Admin Betsy Tate Date 4/16/19



**JS CONSULTING & DESIGN**

STRUCTURAL ENGINEERING

11703 DURANT RD  
RALEIGH, NC 27614

P (919) 675 1680

F (919) 324 3681

Certificate Number: P-1513

April 2, 2019

Foundation Solutions, dba Ram Jack  
4122 Bennett Memorial Rd, Suite 304  
Durham, NC 27705  
Tel: (919) 309-9727 / Fax: (919) 313-0102

**Re:** Engineering Recommendation  
Cyndi Caron, 75 Marthas Ln, Spring Lake, NC  
Project Number: 1901-431

To Whom It May Concern:

JS Consulting & Design, PLLC (JSCD) has reviewed and analyzed the information provided by Foundation Solutions, dba Ram Jack.

The structure is a one story wood framed residence supported on a CMU crawl space foundation. For the purpose of this document all directions listed are from the perspective of an observer facing the structure from Marthas Ln.

Based on a visual evaluation the structure is exhibiting signs typically seen with excessive deflection of the members supporting the structure. The homeowner has reported unlevel floors in the kitchen. The area below was found to be supported on floor joists spanning front to rear. Elevation readings taken on the structure indicate the kitchen slopes to the mid-span of the joists.

It is recommended to add additional support in the form of pipe piers. Please see attached pages for layout and additional details.

JSCD's scope of services was limited to a visual evaluation of the structure and did not included subsurface exploration of exposing concealed elements of the structure. The scope of services did not include exposing any concealed elements of the structure. Please contact JSCD immediately if conditions are different than those indicated or encountered during future observation or implementation of the recommended repairs.

Please contact us if you have any further questions.

Sincerely,

James Sutton, P.E.





JS CONSULTING & DESIGN  
STRUCTURAL ENGINEERING  
11201 DURANT RD  
RALEIGH NC 27611  
P (919) 875 1800  
F (919) 974 3601

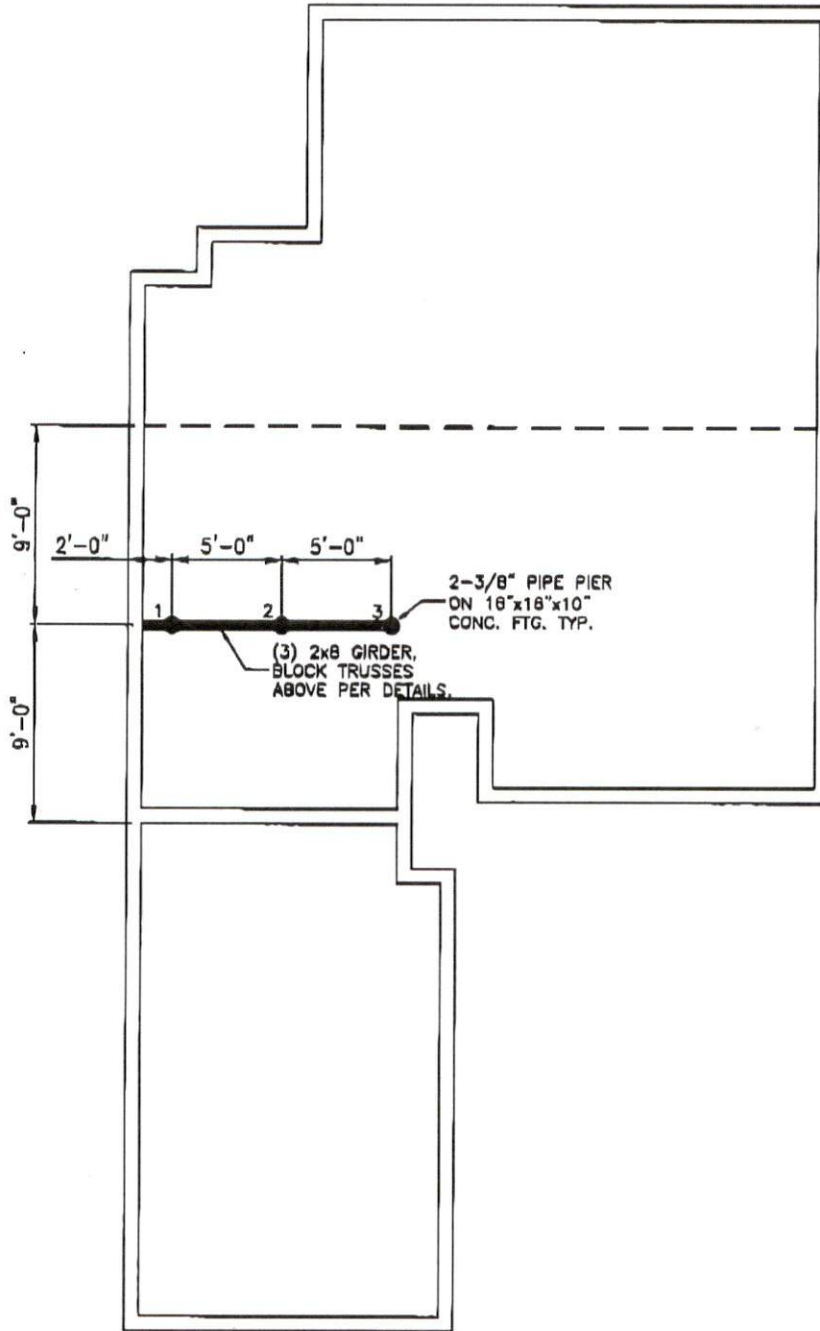
CERTIFICATE NUMBER: P-1513

Client:  
Foundation Solutions, dba Ram Jack  
4122 Bennett Memorial Rd, Suite 304  
Durham, NC 27705  
(o) 919-309-9727 (f) 919-313-0102

Project:  
Cyndi Caron  
75 Marthas Ln  
Spring Lake, NC 28390

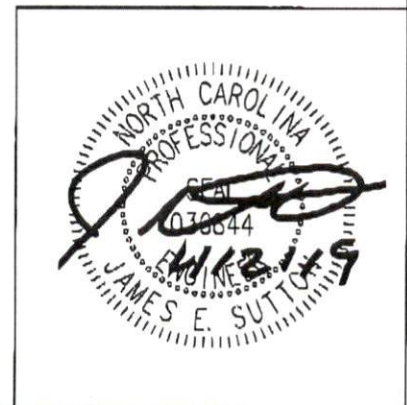
Job No:  
1901-431  
Date:  
04/02/19  
Sheet:  
S1


- NOTE:**
1. HELICAL PIERS MAY BE SUBSTITUTED FOR PIPE PIERS. MIN 10K CAPACITY, TYP.
  2. CONTRACTOR TO FIELD VERIFY DIMENSIONS. TYP.
  3. ALL LUMBER TO BE SPF #2 MIN.
  4. ALL CONCRETE TO BE 3000 PSI MIN.
  5. PIPE PIERS TO BE 2-3/8" DIA x 0.188" THK, 85kpsi MINIMUM. (MAX HEIGHT 5'-0" UNLESS SPECIFIED.
  6. ALL WORK SHALL CONFORM TO THE 2018 NCRC.



FOUNDATION PLAN

1/8" = 1'-0"

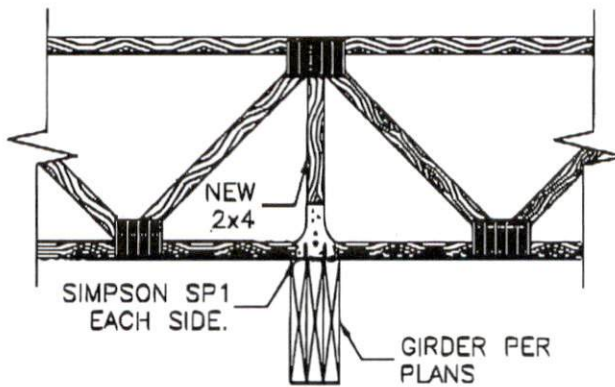
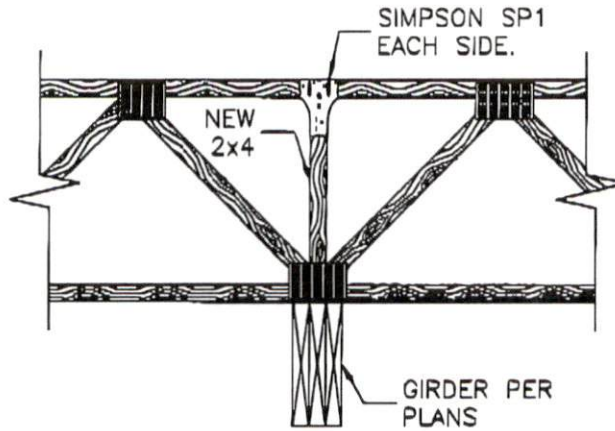



**JS CONSULTING & DESIGN**  
 STRUCTURAL ENGINEERING  
 11204 DURABLE RD  
 RALPHIGH, NC 27611  
 P (919) 678-1680  
 F (919) 324-3601  
 CERTIFICATE NUMBER: P-1613

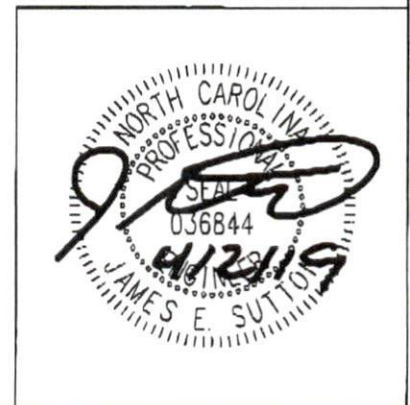
**Client:**  
 Foundation Solutions, dba Ram Jack  
 4122 Bennett Memorial Rd, Suite 304  
 Durham, NC 27705  
 (o) 919-309-9727 (f) 919-313-0102

**Project:**  
 Cyndi Caron  
 75 Marthas Ln  
 Spring Lake, NC 28390

**Job No:**  
 1901-431  
**Date:**  
 04/02/19  
**Sheet:**  
 S2



1 SECTION  
 S2 BLOCKING DETAIL  
 3/4" = 1'-0"





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/06/2019

**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 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).**

<b>PRODUCER</b> MARK VAN DORN OPTIMA INSURANCE SERVICES LLC PO BOX 29351 GREENSBORO, NC 27429	<b>CONTACT NAME:</b> SHERRI LAWS <b>PHONE (A/C, No, Ext):</b> 336-373-8444 <b>E-MAIL ADDRESS:</b> SHERRI@OPTIMAINS.COM <b>PAX (A/C, No):</b>
<b>INSURED</b> FOUNDATION SOLUTIONS, LLC DBA RAM JACK 4122 BENNETT MEMORIAL RD STE 304 DURHAM, NC 27705-1210	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: CIMARRON INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES**      **CERTIFICATE NUMBER:**      **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.

TYPE OF INSURANCE	ADDL (SUB/INSD) W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> A	Y 00857-2019	02/02/2019	02/02/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b>  INFO ONLY	<b>CANCELLATION</b>  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  MARK VAN DORN <i>Mark Van Dorn</i>
--------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

License Year

2019

License No.

81330

# North Carolina

## Licensing Board for General Contractors

This is to Certify That:

Foundation Solutions, LLC, T/A  
Ram Jack  
Durham, NC

is duly registered and entitled to practice

# General Contracting

Limitation: Limited  
Classification: Residential

until

December 31, 2019

when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

January 29, 2019

This certificate may not be altered.



*[Signature]*  
Chairman

*C. Frank Wiesner*  
Secretary-Treasurer