



Harnett County Central Permitting

PO Box 65 Lillington, NC 27548

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # _____

BRES1909-0014

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: Williford Reed Date: 09/06/2019

Site Address: 155 Harbor view Phone: 910-286-2476

Subdivision: Carolina Lakes Lot: 11

Description of Proposed Work: build pier, remove two walls, install LVL, hangers and column

General Contractor Information

Chavis Construction INC 910-709-5265

Building Contractor's Company Name Telephone

PO Box 982 Maxton NC 28364-0982 lisa.lunsford@cruzhomeimprove

Address Email Address

60977

License #

Electrical Contractor Information

Description of Work light /outlet installation Service Size: _____ Amps T-Pole: [] Yes [X] No

Baxter Electric

Electrical Contractor's Company Name Telephone

2104 Bingham Dr Fayetteville NC 28304

Address Email Address

11284-U

License #

Mechanical/HVAC Contractor Information

Description of Work relocate duct and thermostat

Performance Heating and Air 910-273-1836

Mechanical Contractor's Company Name Telephone

Address

Email Address

License #

Plumbing Contractor Information

Description of Work rough in and hook up for kitchen sink/dishwasher # Baths _____

Glynn Glover Plumbing 910-354-7506

Plumbing Contractor's Company Name Telephone

Address

Email Address

License #

Insulation Contractor Information

Chavis Construction Inc. 910-709-5265

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.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

09/06/2019
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: [Signature] project mgr Date: 09/06/2019



Repair Agreement

Client Name: Williford Reed Claim#: N/A
 Property Address: 155 Harborview Dr Sanford NC 27332
 Estimator: Lisa Lunsford Phone: 910-425-1084
 Insurance Company: N/A
 Type of Estimate: Remodel Date of Loss: N/A
 Total Repairs: 35,863.82
 Total of Amount Down: 17,931.91 pd check #1231
 Balance Due Upon Completion: See below
 Notes: This total does not reflect any change orders

This Repair Agreement includes a detailed room by room repair listing along with total dollar amount of repairs. Agreed payment schedule 50% down deposit to begin work, 40% draw when work is 90% complete, remaining 10% balance due upon completion. There is a 50% restocking fee on all returns and or cancelled orders. Note all work is performed on COD basis. All accounts with an outstanding balance are subject to a late charge of 1.5% (18% annually) per month or maximum allowable by law.

Sarah Reed
 Customer Printed Name

8/16/19
 Date

Sarah N Reed
 Customer Signature

[Signature]
 Contractor Signature

8/16/19
 Date

Cruz Home Improvement
729 Snow Hill Rd
FAYETTEVILLE, NC 28306
9104251084
Office@cruzhomeimprovement.com



Estimate

ADDRESS

Williford Reed
155 Harborview
Sanford, NC

ESTIMATE # 2750

DATE 08/09/2019

EXPIRATION DATE 09/09/2019

ACTIVITY	AMOUNT
Services Permits, demolition, debris removal, temporary support, relocation of electrical, piers under home, additional review by engineer includes all framing.	21,169.39
Services Cabinetry and island (does not include counter tops. Recommend Aranna Stone for counter tops)	12,486.40
Services HVAC relocation and thermostat	930.53
Services Furnish and install drywall, finish ready for paint we will provide lock box for front door,	1,277.50
TOTAL	
	\$35,863.82

Accepted By

Sarah N Reed

Accepted Date

8/16/19

PO Box 982
Maxton, NC 28364-0982
910-709-5265
FAX: 910-424-0755



Fax

To: Harnett County Central Permitting **Fax:** 910-893-2793

From: Chavis Construction Inc., **Date:** September 06, 2019

Re: **Pages:** 6

Cc:

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Comments:

Reference to customer Williford Reed residing in Carolina Lakes at 155 Harbor View