

09/09/11

Application #

Harnett County Central Permitting
PO Box 66 Lillington NC 27648
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 CROWE JAMES B & MOROCK-CROWE PATRICIA J Date 9/24/19
Site Address 1501 ATKINS RD FUQUAY VARINA, NC 27528 Phone 919-744-7189

Directions to job site from Lillington _____
Take S 1st St to S Main St, Turn right at the 1st cross street onto S Main St, Turn left onto McKinney Pkwy
Turn left onto US-401 N, Continue on Lafayette Rd. Drive to Atkins Rd in Black River

Subdivision .61 AC HOWARD PC#C/116-D Lot LT#1
Description of Proposed Work Crawlspace encapsultion # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Foundtion Solutions, LLC 1/4 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

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

9/24/19
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 Betsy Tate production Admin Date 9/24/19

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

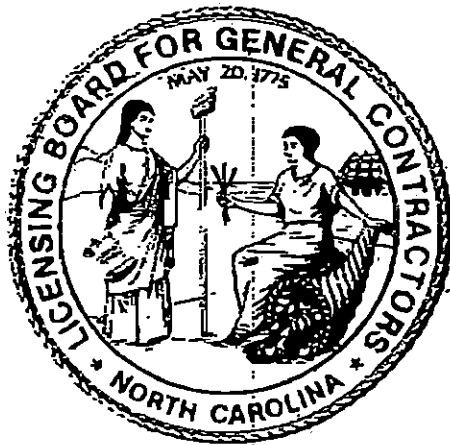
when this Certificate expires.

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



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).

ISSUER MARK VAN DORN OPTIMA INSURANCE SERVICES LLC PO BOX 29351 GREENSBORO, NC 27429	CONTACT NAME: SHERRI LAWS PHONE (A/C, No. Ext): 336-373-8444 E-MAIL: SHERRI@OPTIMAINS.COM INSURER(S) AFFORDING COVERAGE INSURER A: CIMARRON INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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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	ADD'L SUBR	INSR	WCR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRD <input type="checkbox"/> SGT <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 - COMPROP AGG \$ \$
AUTOMOBILE LIABILITY <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) \$ \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> YIN <input type="checkbox"/> N/A			00857-2019	02/02/2019	02/02/2020	X <input type="checkbox"/> S & B <input type="checkbox"/> S & B 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)							

CERTIFICATE HOLDER: INFO ONLY	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE "EXPIRATION" DATE THEREOF, NOTICE WILL BE "OBLIGATED" IN ACCORDANCE WITH THE POLICY PROVISIONS. <hr/> AUTHORIZED REPRESENTATIVE MARK VAN DORN <i>Mark Van Dorn</i>
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RAM JACK

Foundation Solutions

4122 Bennett Memorial Road

Suite 304

Durham, NC 27705

Phone: 919-309-9727

Fax: 919-309-0627

Fax 910-893-2793

Date 9/24/19

To: Harnett County Central Permitting

Fax #:

Pages including cover: 6

From: Foundation Solutions / Betsy Tate

Contact #: 919-309-9727

Re: Building permit application for foundation repair

1501 Atkins Rd., Fuquay Varina

Comments: