

09/09/11

Application #

Harnett County Central Permitting
PO Box 85 Lillington NC 27546
910 893 7625 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 COLLINS MARTY LYNN & COLLINS CATHY SEXTON Date 9/25/19
Site Address 8665 RAWLS CHURCH ROAD FUQUAY VARINA, NC 27526-0000 Phone 919-427-6134

Directions to job site from Lillington _____
Head west toward S 1st St, right onto S 1st St, left at the 2nd cross street onto E Harnett St
right at the 1st cross street onto S Main St, left onto McKinney Pkwy, left onto US-401 N, left onto Rawls Church Rd

Subdivision No Subdivision (Legal Description - 2.95 ACS SEXTON MP#08-569) Lot _____
Description of Proposed Work Foundation Repair using the Installation of Helical piers # of Bedrooms _____
Heated SF 2279 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

9/25/19
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 _____ Date _____

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

