Application #

09/09/11

Harnett County Central Permitting PO 80x 85 Lillington NC 27546 910 893 7525 Fex 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

	0/25/10		
Owner's Name COLLINS MARTY LYNN & COLLINS CATHY SEXTON	Date		
Site Address 8665 RAWLS CHURCH ROAD FUQUAY VARINA, NC 27526-000	00 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 s			
right at the 1st cross street onto S Main St, left onto McKinney Pkwy,	, left onto US-401 N, left onto Rawls Cr	hurch	
Subdivision No Subdivision (Legal Description - 2.95 ACS SEXTON MP#98-56	89 Lot		
Description of Proposed Work Foundation Repair using the Installation of Hel	lical piers # of Bedrooms		
Heated SF 2279 Unheated SF Finished Bonus Room? 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	1		
Description of Work N/A Service Size	Amps T-PoleYesNo		
Electrical Contractor s Company Name	Telephone		
Address	Email Address		
License #	. =		
Mechanical/HVAC Contractor Informa	ation		
Description of Work N/A			
Mechanical Contractor s Company Name	Telephone		
Address	Email Address		
License # Plumbing Contractor Information	1		
Description of Work N/A	# Baths		
	E		
Plumbing Contractor s Company Name	Telephone		
Address	Email Address		
License #			
Insulation Contractor Information	1		
N/A Insulation Contractor's Company Name & Address	Telephone		
III WELLING I WOULD IN WOLLD IN WILL IN THE TOWN TO SEE THE TO			

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 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/TitleDate								

2019

Forth Carolina

81330

Licensing Board for General Contractors

This is to Certify Chat:

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, Baleigh, N.C.

January 29, 2019

This certificate may not be altered.

Chairman

Frank Wusher





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/08/2019

HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES IELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(B), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

WPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to he terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

ertificate holder in lieu of such endo								
		N DORN	NAMEL SHERRI	LAWS				
OPTIMA INSURANCE SERVICES LLC			FHONE (AC, No. 8 m)) 336-373-8444 [AC, No.):					
PO BOX 29351								
GREENSBORO, NC 27429 INDURENIES AFFORDING DOVERAGE				HAID #				
	INDURER A ; CIMARRON INSURANCE COMPANY							
URED		_	INBURER # :					
FOUNDATION SOLUTIONS, LLC			INBURAR C:					
DBA RAM JACK			INSURER D I					
4122 BENNETT MEMORIAL RD STE 304			INSURER E L					
DURHAM, NC 27706-121	0		INGURER F	•				
		TE NUMBER:			REVISION NUMBER:			
HIS IS TO CERTIFY THAT THE POLICIE: NOTICATED. NOTWITHSTANDING ANY R PERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAI POLICI	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER	DOCUMENT WITH RESPE	CT TO WHICH THIS		
TYPE OF INBURANCE	INSD W		POLICY EPP	IMM BOY TAN	LIMIT	6		
CLAIMS-MADE OCCUR					EACH OCCURRENCE DAMAGE TO RENYED PREMISES (EQ QSQUI(QROS)	\$		
	1 1				MED EXP (Any one person)	s		
					PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER					GENERALAGGREGATE	3		
POLICY JECT LOC					PRODUCTS - COMPIOP AGG	5		
OTHER.		3			TAGOGIA COMPTOR AGO	3		
AUTOMOBILE LIABILITY					COMBINED SINDLE LIMIT	3		
ANY AUTO		1			BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED			1		BUDILY INJURY (Per accident)	,		
HIRED AUTOS AUTOB					PROPERTY DAMAGE	3		
			l		.U.M. ALVOIRIN	3		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	3		
EXCESS LIAB CLAIMS MADE					AGGREGATE	•		
DED RETENTION 6						9		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1 1	Y 00857-2019	02/02/2019	02/02/2020	X STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA	1			E L EACH ACCIDENT	1,000,000		
(Mendatory in NH)					E L DISEASE - EA EMPLOYEE	1,000,000		
DESCRIPTION OF OPERATIONS Delow					E L. DISEASE - POLICY LIMIT	s 1,000,000		
				1				
CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACC	IRD 101, Additional Remarks Schedul	e, may be attached if more	e opace le requir	s d)			
						1		
RTIFICATE HOLDER			CANCELLATION					
INFO ONLY	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 DO	PN M	M Va Dow			
					ORD CORPORATION.	All sights construct		