



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: William D. Hawley Date: 2-17-2021
Site Address: 185 Hawley Loop Lane Fuquay Varina NC 27526 Phone: 919-201-9210
Subdivision: _____ Lot: _____
Description of Proposed Work: Build Tractor Shelter Total Job Cost: 14,802.68

General Contractor Information

TNT Carports, Inc. 336-789-3818
Building Contractor's Company Name Telephone
170 Holly Springs Rd Mt Airy NC 27030
Address Email Address
NIA < \$30,000 **HEATED SQ FT** **GARAGE SQ FT** 1200
License #

Electrical Contractor Information

Description of Work NIA None Service Size: _____ Amps T-Pole: Yes No
Electrical Contractor's Company Name Telephone
Address Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work NIA None
Mechanical Contractor's Company Name Telephone
Address Email Address
License #

Plumbing Contractor Information

Description of Work NIA None # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
License #

Insulation Contractor Information

NIA
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 of Owner/Contractor/Officer(s) of Corporation

2/18/2021
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:

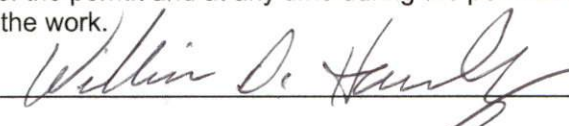
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  Date: 2/18/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/14/2020

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 have **ADDITIONAL INSURED** provisions or 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).

PRODUCER Mark V. Williamson Co. Inc. 1910 N. Grant St Little Rock AR 72207		CONTACT NAME: Bethany Carter, CIC PHONE (A/C, No, Ext): (501) 664-7728 E-MAIL ADDRESS: bethanyc@mvwilliamson.com FAX (A/C, No): (501) 664-6285	
INSURED T-N-T Carports, Inc. TNT Metal Buildings, Inc Toast NC 27049		INSURER(S) AFFORDING COVERAGE INSURER A : Continental Insurance Company INSURER B : CNA Insurance Group INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC #	35289
		000000	


COVERAGES **CERTIFICATE NUMBER:** 20-21 Liability **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6083186983	05/13/2020	05/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6083186952	05/13/2020	05/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6083187003	05/13/2020	05/13/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC680666350	04/10/2020	04/10/2021	PER STATUTE OTH-ER 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**CANCELLATION**

T-N-T Carports, Inc. FOR INFORMATION PURPOSES ONLY P O Box 760 Toast NC 27049	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 
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170 Holly Springs Road, Mount Airy, NC 27030
 Remit to: P. O. Box 760, Toast, NC 27049
 Phone: 336-789-3818 Toll Free: 800-597-3597
 Fax: 888-663-3595

Financed: RTO
 Ready:
 Not Ready:
 Date _____
 Ready: _____
 Order # _____

Dealer Sales Dep. Gabe County Wake Phone 888-822-7767 Date: 01-29-2021

Buyer Name(s): William D. Hawley dcdfab@gmail.com

Buyer Address: 2815 Kipling Rd City: Fuquay Varina State: NC Zip: 27526

Phone (Home): 919-868-0791 (Cell): 919-201-9210 (Email): _____

Site (Unit Location if different from above): _____

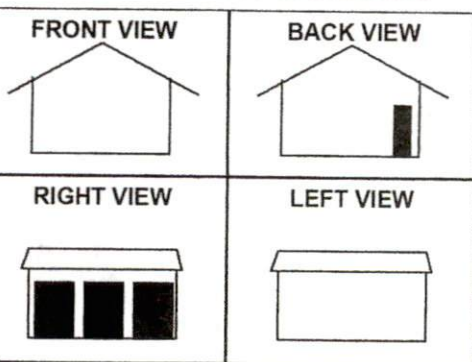
INCORRECT OR INCOMPLETE ORDERS WILL NOT BE PROCESSED.

* Description	* Width	* Roof Length	* Frame Length	* Leg Height	* Gauge	Price
	30	40	40	12	14 Ga	5695
<input type="checkbox"/> *NON CERTIFIED -OR- <input checked="" type="checkbox"/> *Certified -OR- <input type="checkbox"/> *MHL CERTIFIED						
Options	<input checked="" type="checkbox"/> *A-Frame - OR -		<input type="checkbox"/> *Regular Frame			175
	<input checked="" type="checkbox"/> Vertical Roof (A-Frame Required)		<input checked="" type="checkbox"/> All Vertical (A-Frame Required)			1800
	<input checked="" type="checkbox"/> Additional Leg Height					960
	<input checked="" type="checkbox"/> Close 2 Sides <input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical		<input type="checkbox"/> Close 1 Sides <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical			1450
	<input checked="" type="checkbox"/> Close 2 Ends <input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical		<input type="checkbox"/> Close 1 End <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical			3100
<input type="checkbox"/> Gable End <input type="checkbox"/> Horizontal <input type="checkbox"/> Gable End <input type="checkbox"/> Horizontal <input type="checkbox"/> Both Front: <input type="checkbox"/> Vertical** Back: <input type="checkbox"/> Vertical** **Add \$75 for each VERTICAL GABLE END.						
<input type="checkbox"/> Window 30x30 Standard						
1	<input checked="" type="checkbox"/> Walk-In Door		<input checked="" type="checkbox"/> 32 X 72 <input type="checkbox"/> 36 X 80			250
<input type="checkbox"/> Roll-Up Door Size: _____ <input type="checkbox"/> On side, add \$150 per door, up to 12' wide						
<input type="checkbox"/> Mobile Home Anchors						
<input type="checkbox"/> Extra sheets on side: Size: _____ How Many: _____						
<input checked="" type="checkbox"/> Roll-Up Door Size: <u>10 x 10 Rollup Door (3)</u> 1800						
<input checked="" type="checkbox"/> Other(Specify) header (3) 450						

Discount: - 10 %
 Special Discount: - \$250
 Total Sale: \$13862.00
 6.75 Tax: \$935.68
 Process Fee: \$ 5.00
 Subtotal: \$14802.68
 Return Trip / Transportation Fee: \$ _____
 (if applicable)
 Equipment: \$ _____
 (if applicable)
 Total: \$ _____
 Deposit: \$2079.30
 Balance Due: \$12723.38
 Drawings: \$75.00
 (if applicable)

Order WILL NOT be processed if dealer collects more than allowed commission.

WALK-IN DOOR, WINDOW AND ROLL-UP DOOR PLACEMENT



Color:	*Roof Ever (v Sides Earth v) Ends Earth v *Trim Ever (v)	Installation: <input type="checkbox"/> Cement Size: _____ <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Other
Permits: Permit#		Land Level: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, buyer's materials to level must be on site</small>
		Electricity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

*REQUIRED FIELDS. **REQUIRED IF APPLICABLE. MUST BE TYPED OR PRINTED. USE ONLY BLUE INK.

BUYER MUST INITIAL WARRANTY SELECTION

See Limited Warranty Explanations on Reverse Side

_____ 14 Gauge - Workmanship Only
 _____ 12 Gauge - Workmanship & Rust-Through
 YES _____ 14 Gauge-Certified (Site of installation must be level)
 _____ 12 Gauge-Certified (Site of installation must be level)

If accepted below by T-N-T Carports, Inc. (Seller), this order becomes a contract between Seller and the Buyer named above as follows: subject to the terms above and **SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE**, Seller and Buyer agree that the Seller will sell to Buyer the metal building (Unit) described above and install it at the address stated above and that Buyer will obtain all required permits, prepare the site for installation, purchase the Unit and pay the Price as stated above.

BUYER(S): _____ Dealer/Witness: Gabriel Ortolaza
 _____ ACCEPTED: **T-N-T Carports, INC.**