

Application # \_\_\_\_\_

**Harnett County Central Permitting**

420 McKinney Pkwy Lillington, NC 27546

PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* 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: JASON JOHNSON Date 09 DEC 21

Site Address: 11 MAYDEN LN CAMERON, NC 28324 Phone 719-510-0007

Subdivision: RICHMOND PARK Lot 11

Description of Proposed Work: FIRE RESTORATION Total Job Cost \$17,978.23

**General Contractor Information**

SHOWDATE RESTORATION INC  
Building Contractor's Company Name

910-864-0911  
Telephone

125 DRAKE ST. KAYETTESVILLE NC  
Address

9140911SHOWDATE.COM  
Email Address

60267  
License #

21,800 HEATED SQ FT      GARAGE SQ FT

**Electrical Contractor Information**

Description of Work RELOCATE ELECTRICAL BOXES Service Size: 200 Amps T-Pole:  Yes  No

CULBERTSON ELECTRIC  
Electrical Contractor's Company Name

910-723-3293  
Telephone

816 CAMWICK DR HOPE HILLS, NC 28348  
Address

nc.culbertson@electric@gmail.com  
Email Address

26627-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NA

Mechanical Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work NA # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Insulation Contractor Information**

GFC WILL PERFORM  
Insulation Contractor's Company Name & Address

Telephone \_\_\_\_\_

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.

*Russell G. [Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

12-09-21  
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: *Russell G. [Signature]*

Date: 12-09-21

### DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 1593906

Filed on: 12/09/2021

Initially filed by: Showcase2015

#### Designated Lien Agent

Old Republic National Title Insurance Company

**Online:** [www.liensnc.com](http://www.liensnc.com) (<http://www.liensnc.com>)

**Address:** 223 S. West Street, Suite 900 / Raleigh, NC 27603

**Phone:** 888-690-7384

**Fax:** 913-489-5231

**Email:** [support@liensnc.com](mailto:support@liensnc.com) (<mailto:support@liensnc.com>)

#### Project Property

11 Hayden Ln  
Cameron, NC 28326  
Harnett County

#### Property Type

1-2 Family Dwelling

#### Date of First Furnishing

12/09/2021

#### Owner Information

Adam Green  
PO Box 47  
Fayetteville, NC 28302  
United States  
Email: [RM@911showcase.com](mailto:RM@911showcase.com)  
Phone: 910-864-0911

#### Print & Post



##### Contractors:

Please post this notice on the Job Site.

##### Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384



## DESCRIPTIONS (Continued from Page 1)

**\*\* Supplemental Name \*\***

Showcase Restoration, Inc.

Showcase Government Services, Inc.

Woodford, LLC

Showcase Environmental Services, Inc.

\*Contractors Pollution \$1,000,000 any one pollution condition with \$10,000 deductible; Non-Owned Disposal Site \$1,000,000 Any One Pollution Condition \$5,000 deductible; Hostile Fire and Building Equipment \$1,000,000 with \$5,000 deductible; Transportation Pollution \$1,000,000 any one pollution condition with \$10,000 deductible - other sublimits may apply, refer to the policy.

\*\*Professional Liability \$1,000,000 Any one wrongful act with \$5,000 deductible.

Aggregate Limits for the policy \$2,000,000 general aggregate / \$2,000,000 products completed operations aggregate. Per Project Aggregate Capped at \$6,000,000.

Retro Active Dates for Claims Made Policies - Professional Liability 1/1/2012.

License Year

2021

License No.

60267

# North Carolina

## Licensing Board for General Contractors

This is to Certify That:

Showcase Restoration, Inc.  
Fayetteville, NC

is duly registered and entitled to practice

## General Contracting

Limitation: Unlimited

Classification: Building; PU (Water Lines & Sewer Lines)

until

December 31, 2021

when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

January 1, 2021

This certificate may not be altered.



Chairman

Secretary-Treasurer