

Application # Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 * Must be owner/occupier or PO Box 65 Lillington, NC 27546 licensed contractor. Address, 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits company name & phone must match information on license. Application for Residential Building and Trades Permit Owner's Name: <u>Br</u>adley Frey Date 07/08/2022 Site Address: 20 Oregon Ln., Spring Lake, NC 28390 Phone 520-904-2899 Lot <u>5</u>2 Subdivision: Description of Proposed Work: Foundation Repair Total Job Cost \$4,000.00 **General Contractor Information** Foundation Solutions LLC ta Ram Jack 919-309-9727 or 540-777-2560 Building Contractor's Company Name Telephone 4122 Bennett Memorial Rd., Ste 304, Durham, NC 27705 jessica@ramjackusa.com Email Address Address HEATED SQ FT_n/a____GARAGE SQ FT_n/a____ 81330 License # **Electrical Contractor Information** Description of Work _____ Service Size: ____ Amps T-Pole: ___Yes ___No Electrical Contractor's Company Name Telephone Address Email Address License # Mechanical/HVAC Contractor Information Description of Work Mechanical Contractor's Company Name Telephone Address Email Address License # **Plumbing Contractor Information** Description of Work _____ # Baths _____ Plumbing Contractor's Company Name Telephone Email Address Address License # **Insulation Contractor Information** 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

07/08/2022 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
X 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:			
<u>X</u> 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 Dessica Dowless	Office Manager	Date: 07/08/2022