



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: Rodney Maness & Rhonda Maness Date 12/13/22
Site Address: 195 Lotus Ln Sanford NC 27332 Phone 910-638-2440
Subdivision: Carolina Lakes Lot # 274
Description of Proposed Work: Repair damage from fire Total Job Cost \$169,473.75

General Contractor Information

Cruz Masters LLC Telephone 910-425-1084
Building Contractor's Company Name
729 Snow Hill Rd Fayetteville, NC 28306 office@cruzmastersllc.com
Address Email Address
83595 HEATED SQ FT 1647 GARAGE SQ FT 574 Approx
License #

Electrical Contractor Information

Description of Work Repair/Replacement of Damaged Service Size: _____ Amps T-Pole: Yes No
Baxter's Electric Telephone 910-425-6500
Electrical Contractor's Company Name
2104 Bingham Dr. Fayetteville, NC 28304 baxterselectrical@aol.com
Address Email Address
11284
License #

Mechanical/HVAC Contractor Information

Description of Work Remove old duct system, Install new duct & 3ton air handler
King Heating & Air Conditioning Telephone 919-895-3600
Mechanical Contractor's Company Name
232 Wilsm Rd, Sanford NC 27332 kinghtair1895@gmail.com
Address Email Address
28280
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2
Glynn Glover Plumbing Telephone 910-354-7506
Plumbing Contractor's Company Name
5720 McDougal Dr. Fayetteville, NC 28304 glynnglowersplumbing@gmail.com
Address Email Address
29184 PL
License #

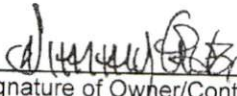
Insulation Contractor Information

Tri-City Insulation Telephone 910-486-8855
Insulation Contractor's Company Name & Address 3154 Camden Rd Ste 1 Fayetteville, NC 28306

***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

*Masters LLC
Corporate Seal*

12-13-22
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:

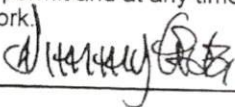
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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.

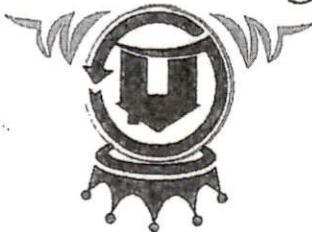
Has no more than two (2) employees and no subcontractors.

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:  / Owner

Date: 12-13-22

Cruz Masters LLC



Repair Agreement

Client Name: Rodney Maness
Property Address: 195 Lotus LN Sanford NC 27333-0601
Estimator: _____
Phone: _____

Insurance Company: Main St America

Type of Estimate: Fire
Date of Loss: _____

Total Repairs: 69,473.75

Total of Amount Down: _____

Balance Due Upon Completion: _____

Notes: Does not include any supplements.
~~Payment plan dependent on how funds come from insurance company~~

This Repair Agreement includes a detailed room-by-room repair listing along with total dollar amount of repairs. Agreed payment schedule 50% down deposit to begin work, remaining 50% balance due upon completion. There is a 50% restocking fee on all returns and or cancelled orders. Note all work is performed on COD basis. All accounts with an outstanding balance are subject to a late charge of 1.5% (18% annually) per month or maximum allowable by law.

Customer Printed Name: Rodney Maness
Customer Signature: _____
Contractor Signature: _____

Customer Printed Name: _____
Customer Signature: _____
Date: 12/5/2022