

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

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\* 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: Sandy Johnson Date 12/19/23  
Site Address: 50 Alban Row Phone 910.392.1726  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: Fire Damage Repair - Finish Total Job Cost 250,000  
Catlic - adding

**General Contractor Information**

Provision Building Co Telephone 919.625.3751  
Building Contractor's Company Name  
PO Box 10092, Raleigh, NC 27605 Email Address chad@provisionbuildingco.com  
Address  
81323 HEATED SQ FT 1325 GARAGE SQ FT \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Repair fire damage and work in attic Service Size: 200 Amps T-Pole:  Yes  No  
Sinewave Electric Telephone (919) 500-9000  
Electrical Contractor's Company Name  
5513 Bell camp Ct. Email Address svaldez@sinewaveelec.com  
Address  
32809  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Add addition unit in attic for new square foot  
A. Maynor Heating & Air Telephone (919) 361.0993  
Mechanical Contractor's Company Name  
1000 Ewoodworth Dr. Apex, NC 27539 Email Address mike.delaney@maynorservices.com  
Address  
35159  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work add new bath to attic # Baths 1  
Celeys Quality Services Telephone (919) 938.1813  
Plumbing Contractor's Company Name  
636-6B Old Roberts Rd., Benson, NC 27504 Email Address schedule@celeys.com  
Address  
32853  
License # \_\_\_\_\_

**Insulation Contractor Information**

LiveGreen Telephone (919) 453-6611  
Insulation Contractor's Company Name & Address  
5001 Old Pade Rd., Raleigh, NC 27610

\*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.**

*Chadley*  
Signature of Owner/Contractor/Officer(s) of Corporation

12/19/23  
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: *Chadley owner*

Date: 12/19/23





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/05/2023

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).

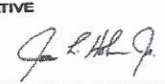
<b>PRODUCER</b> Sentinel Risk Advisors LLC 4700 Six Forks Road Suite 200 Raleigh NC 27609	<b>CONTACT NAME:</b> Hilary Varner <b>PHONE (A/C, No. Ext):</b> (919) 926-4623 <b>FAX (A/C, No):</b> (919) 926-4664 <b>E-MAIL ADDRESS:</b> hvarner@sentinelra.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Builders Mutual Insurance</td> <td>12346</td> </tr> <tr> <td>INSURER B:</td> <td>Builders Premier Ins. Co.</td> <td>13036</td> </tr> <tr> <td>INSURER C:</td> <td>Builders Mutual Ins Co</td> <td>10844</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Builders Mutual Insurance	12346	INSURER B:	Builders Premier Ins. Co.	13036	INSURER C:	Builders Mutual Ins Co	10844	INSURER D:			INSURER E:			INSURER F:	
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<b>INSURED</b> Provision Building Company PO Box 10092 Raleigh NC 27605																					

**COVERAGES**      **CERTIFICATE NUMBER:** CL234515798      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP 0078172 05	01/17/2023	01/17/2024	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000					
		MED EXP (Any one person)	\$ 5,000					
		PERSONAL & ADV INJURY	\$ 1,000,000					
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOS ONLY HIRED <input type="checkbox"/> AUTOS ONLY SCHEDULED <input type="checkbox"/> AUTOS NON-OWNED <input type="checkbox"/> AUTOS ONLY			PCA 0023036 04	10/24/2022	10/24/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		BODILY INJURY (Per person)	\$					
		BODILY INJURY (Per accident)	\$					
		PROPERTY DAMAGE (Per accident)	\$					
C	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			WCP 1056832 05	01/17/2023	01/17/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
		E.L. EACH ACCIDENT	\$ 100,000					
		E.L. DISEASE - EA EMPLOYEE	\$ 100,000					
		E.L. DISEASE - POLICY LIMIT	\$ 500,000					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Harnett County Central Permitting 420 McKinney Pkwy  Lillington, NC 27546	<b>CANCELLATION</b>  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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