



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: John R Johnson Date: 3/7/24
Site Address: 300 Lemuel Black Rd Bunnlevel NC 28323 Phone: 913 641 1944
Subdivision: Builder - Hugh Surles - Map # 2009-300 Lot: #1
Description of Proposed Work: Pre-Fab Shed Install Total Job Cost: 6,832 (shed)

General Contractor Information

Attachment (B) CTH Rentals / West Storage Co (local) 910-497-3220
Building Contractor's Company Name Telephone
RT 310 Spring Lake NC Weststoragecompany.com
Address Email Address

HEATED SQ FT N/A GARAGE SQ FT N/A

License # _____

Electrical Contractor Information (Have 400 Amps)

Description of Work Wired for House Panel Service Size: _____ Amps T-Pole: Yes No
J.I.M.S. Electric LLC 910-690-4474
Electrical Contractor's Company Name Telephone
PO Box 41 Carthage NC 28327 jimselectric09@gmail.com
Address Email Address

28371 U

License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name Telephone
Address Email Address

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name N/A Telephone
Address Email 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 _____ Date 3/7/24

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: 3/7/24

CTH Rentals, LLC
 PO Box 215
 Halls, TN 38040
 Phone: (855) 842-2276
 Fax: (731) 836-0580

West

Attachment B

Date: 02 / 01 / 2024

Del. Date: _____

Full Cash Purchase

Order Type: New On Lot Serial Number: HSLB-Q21756-1224-081023-SP

*Revisions on Custom Orders subject to fee, see below for details Dealer: Spring Lake, NC-West Storage Comp-G. West

Co-Consumer Name _____

Sold To: John R. Johnson

Name _____

300 Lemuel Black Road

Delivery Address _____

Bunnlevel Harnett

City County _____

NC 28323

State Zip _____

300 Lemuel Black Road

Mailing Address _____

Bunnlevel

City _____

NC 28323

State Zip _____

(973) 641-1944

Home Phone _____

(862) 703-1133

Work Phone _____

Cell Phone _____

Tracey Johnson-wife

Additional Contact _____

(862) 703-1133

Additional Contact Phone _____

Driver's License # (Required for RTO) _____

Barn Style

Lofted Barn

Size

12 x 24

Siding Material 3/8 LP Smart Panel

Roof Style Metal

Wall Color Barn White

Roof Color Black

Trim Color Black

***All Sizes Nominal* *8' Tall Walls Measured on Outside*
 *12' and 14' wide measured eave to eave***

NOTES
 ***REPOS SOLD "AS IS"
 Please list repo damage:

If check box is checked customer agrees to waive any warranty claim on the barn with regards to cosmetic, usage, age, or normal wear and tear issues, or for the reason or reasons stated below:

ALL sales are pending approval by the home office.

CTH Rentals, LLC and its associates are not responsible for permits, covenant searches, restrictions, set backs, yard damage, or underground damage. Please contact your local Building Inspector or Homeowners Association for information. It is the customers' responsibility to decide if ground conditions are unsuitable for delivery. Free Delivery covers one trip up to 30 miles one way, over 30 miles subject to a \$4/mile (8/10/12 wide) or \$5/mile (14 wide) or \$6/mile (16 wide) charge one way, and any additional trips may also incur charges to the customer. Free Setup includes leveling, starting with one corner at ground level, up to 3ft with customer supplied blocks, we can supply blocks for \$4.50 each. *Non-Refundable Fee will be charged on Cancels or Revisions of Custom Orders (10% on Cash Sales <or> Security Deposit on RTO sales). Cash on Delivery (COD) downpayments are non-refundable if delivered, including, but not limited to, any delivery attempt. **CUSTOMER UNDERSTANDS ALL CHECKS TO BE PAYABLE TO CTH RENTALS, LLC, OR TRANSACTION IS VOID.**

ALL sales are pending approval by the home office.

Customer signature _____

Loading Instructions: Door Towards

CAB	BACK	DRIVER'S	PASSENGER'S
			X

RTO:	CASH:	COD:
1 SALES PRICE		<u>6356.25</u>
2 OPTIONS COST		<u>475.50</u>
3 TOTAL PRETAX COST		<u>6831.75</u>
4 SECURITY DEPOSIT		
5 DOWNPAYMENT AMT.		<u>0.00</u>
6 DOWNPAYMENT (-SD)		
7 PRETAX DOWN-PMT		<u>0.00</u>
8 RENT-TO-OWN AMT		<u>0.00</u>
9 PRETAX MONTHLY PMT		<u>0.00</u>
10 SALES TAX 7%		<u>478.22</u>
11 TOTAL PAYMENT		<u>7309.97</u>
12 TOTAL RECEIVED		<u>7309.97</u>
cc_processor		

Tax Exempt DBA 5829.00

Directions (must get for RTO): Take 210 to Lasaster Road. turn left. and follow to Lemuel black and veer right and he is 300 on the right. dirt/rock driveway

ALL sales are pending approval by the home office.