

* 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 # _____

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

shone must match	Application for Residential Building and	d Trades Fermit				
Owner's Name CAB	ustopher HAYNES	2007171				
Site Address 89 A	fillwood be	Date: 7,17CF				
Subdivision And Area	FAAMS	Lat be				
Description of Proposed	Work SCREPN PORCH	Total Joh Cost \$ 16.756				
	General Contractor Informa					
NC HANDUMA	CORVICES LIC	019.06 566				
Building Contractor's Co	Services, LC.	Telephone				
4816 KAYCOD	Gr Ralleigh NC 27616	LOSAURING COMAIL. COM				
Address	or ratings, he seems	Email Address				
SD 2965514 License #	HEATED SQ FT GARAGE	SQ FT				
Description of Work	Electrical Contractor Information	ation				
Electrical Contractor's C	§ 2005	919,397,6924 Telephone				
Liectrical Contractor's C	ugi Rd Mebaug NC 27302	Lockleazelectrice amarl, com				
4 (00 N/(W)/)	MY LO MARANE, M. 61502	Email Address				
6920U	-	Email Address				
License #	-					
	Mechanical/HVAC Contractor Inf	ormation				
Description of Work						
	0	T				
Mechanical Contractors	s Company Name	Telephone				
Address		Email Address				
Address		Email Address				
License #	_					
	Plumbing Contractor Informa	ation				
Description of Work		# Baths				
Plumbing Contractor's (Company Name	Telephone				
Address		Email Address				
License #						
	Insulation Contractor Inform	ation				
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.

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 WC HADDYM AD SEUTERS LCC, Date 7, 16, 24							
Sign W/Title North NCHANDYMAN SENICES LLC Date 7,16,24							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/12/2024

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).

this certificate does not confer rights t	o the	certi	ficate holder in lieu of su	ich end	lorsement(s).					
PRODUCER	CONTACT NAME: Rosalyn Camacho Montesino									
C&M Insurance Agency				PHONE (A/C, No, Ext): (919) 720-4275 FAX (A/C, No):						
2809 Spring Forest Rd 101	ADDRESS: info@insurance-taxes.com									
					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #	
Raleigh NC 27616					INSURER A: FRANK WINSTON CRUM INS CO					
INSURED					INSURER B:					
TOWERS MASONRY AND REMODELING LLC					INSURER C :					
2120 BRENTWOOD RD, Unit #104				INSURER D :						
				INSURER E :						
RALEIGH			NC 27604-3289	INSURER F:						
COVERAGES CER	RTIFICATE NUMBER:			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.										
TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence	ce) \$	300,000	
							MED EXP (Any one perso	on) \$	10,000	
A			FGNC0031061500		06/20/2024	06/20/2025	PERSONAL & ADV INJUR	RY \$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP	AGG \$	2,000,000	
OTHER:								\$	A STATE OF THE STA	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)	IT S		
ANY AUTO							BODILY INJURY (Per per	rson) \$		
OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per acc	cident) \$		
HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								5		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						07/08/2025	X STATUTE	OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE Y	N/A		FWNC0031169200		07/08/2024		E.L. EACH ACCIDENT	\$	100,000	
(Mandatory in NH) If yes, describe under			1 111100031107200	0.700.2027	07/00/2024	07/03/2023	E.L. DISEASE - EA EMPL	LOYEE \$	100,000	
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	LIMIT \$	500,000	
DESCRIPTION OF OPERATIONS IN CONTINUO DESCRIPTIONS										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER				CANCELLATION						
NC HANDYMAN SERVICES LLC				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
4816 KAYCE CT				AUTHORIZED REPRESENTATIVE						
RALEIGH NC 27616				RUSALIN CAMARIO MONTENC						