

Application # __

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Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
27525 Fax 910-893-2793 www.harnett.org/permits

ch section below to be filled out 910-893-7525 Fax 910-893-2793 WWW.harristin	
homever performing work. t be owner/occupier or licensed	
ractor. Address, company Application for Residential Building and T	rades Permit
e & phone must match	71/3171
CLENDA NARDAN	Date: 11.3124
Owner's Name:	DD = 019-427-9053
Site Address: 5160 BRILEYS CHOSE ROHD	Phone: The state of 32 and the
Owner's Name: Site Address: 5160 BRILEYS CROSSRORD Subdivision: 8415 OLD FRIRGROW	NDZ KPOT BENSON CISCA
Subdivision:	Total Joh Cost: 78, 000
Subdivision:	Total Job Gost.
General Contractor Information	on 510 Fall Com/
General Contractor Information Building Contractor's Company Name Z131 WILLIAM HILL LN Address Address	117-327-1736
Building Contractor's Company Name	Telephone
ZIZI C LIVE LA CLAYIVA NC	WNOKEIT & CHALLBUNDK,
77520	Email Address
Address T. 1736 CARACE	SO ET .528
7282 0 HEATED SQ FT 1736 GARAGE	
Description of Work Description of Work Description of Work	tion
Switch Relectificate Contractor information	e: Amps T-Pole:Yes No
RANSOM ELECTRIC	994-242-6713
Electrical Contractor's Company Name	AIG. RANSOM ELECTRIC @
128 GLASGOW DR CI	(4. 6.1/40301) 12 Lt 1. 10 C
Address CLAYTON NC 27520	Email Address C.M A.L. Com
36273	
License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work MOUZ COMPLE SUP	PLY LINES
MAC (TEATING + AIR	919-413-2757
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company Name 304 TIMBER MEADOW DR Address FUDURY VARINA 27526	MAC. HERTINGTERM @
304 1 IMB E 12 11 END 40 10	Email Address G-MAIL, Con
Address 1-40 May VALINA 27526	Email Vacious Othi M. T.
33060	
License #	tion
Plumbing Contractor Informa	
Description of Work REPLY mB BATH	# Baths C/L/C
SANTOS SEQUEIRA	336-480-846C
	Telephone C > C 6 16 1 = 3
Plumbing Contractor's Company Name Soo Voss ST Winston Salem Address 27105	SEGUEIRA. JANJOS 60 NAHO.
Address 22125	Email Address Com
Address 271.55 239.02	
70.	
License # Insulation Contractor Informs	ation
	RD 919.749-2654
Insulation Contractor's Company Name & Address	Telephone
Insulation Contractor's Company Name & Address	
7 - 57 6	



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

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.

May 1	9/	13	24	
	Date			
Signature of Owner/Contractor/Officer(s) of Corporation	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
Sign w/Title: Date: 9/13/24
10016

MIKE NORRIS

Glenda Nardon

5160 Baileys crossroads Road 8415 OLD FAIR GROWNDS RD

Benson NC

Scope of work

- -Remove subfloor back half of house
- Replace necessary rotted floor joist
- -Install vapor barrier under house
- -Install new ¾ t&g subfloor
- -Build closet in master bedroom
- -Convert master bath and existing closet to make one larger bathroom
- -Replace tub and countertop in hall bath
- Update some of kitchen cabinets
- Remove existing pantry wall
- Add door in living room closet to become pantry
- Install LVP throughout house
- -Paint interior
- Replace windows with new

9/13/24

Mark E. Jones, PE Structural Engineering and Design

September 18, 2024

Capital Building and Renovation Inc. PO Box 1026 Clayton, NC 27520

Site Observations and Analysis

8415 Old Fairgrounds Rd.

Benson, NC 27504 Project No: 24-167

To Whom it may concern;

The above referenced site was reviewed on September 17, 2024 to address the following structural concerns:

1. Engineer to address removal of load bearing wall.

Based on observations and analysis, the conclusions regarding the structure are:

1. The referenced project includes the removal of up to 12' of load bearing wall between the kitchen and dining room. A beam is required to support the ceiling load above. The contractor shall provide a minimum 2-ply 9 1/4" deep LVL beam supported by 2 studs at each end. The contractor shall verify the presence of a girder directly beneath in the crawl space for foundation support.

Thank you for this opportunity to assist you. If you have any questions or need any further assistance, please do not hesitate wetalling Respectfully,

Mark E. Jones, PE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/18/2024

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 confor rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	the cert	ficate holder in lieu of s	uch endo	orsement(s).			
RODUCER			NAME:	Cheryl Mi	lls	FAX (C	1101500 100
tephenson Insurance Associates			(A/C, No.	Ext): (919)90	1-3632		19)590-199
O. Box 1678			ADDRES	s: cheryl@s	tephensonins	suranceagency.com	
						DING COVERAGE	NAI
layton		NC 27528			rance Comp		262
SURED			INSURE	RB : Erie Inst	ırance Excha	inge	262
Capital Building And Renova	tion Inc		INSUREI				
PO Box 175			INSURE				
FO Bax 173			INSURE				
Clautan		NC 27528	INSURE				
Clayton CER	TIEICAT	E NUMBER:	THOOKE	<u> </u>		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF INSU EQUIREME PERTAIN, POLICIES	RANCE LISTED BELOW H ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAV	DED BY	THE POLICIE EDUCED BY	S DESCRIBE	DOCOMENT AND INFOLES	1 10 441(101)
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		Q61-0453341		09/16/2024	09/16/2025	PERSONAL & ADV INJURY \$	1000000
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X POLICY PRO-						PRODUCTS - COMP/OP AGG \$	
						\$	
OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
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OWNED SCHEDULED						BODILY INJURY (Per accident) \$	
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AND EMPLOYERS' LIABILITY Y/N							100000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	Q73-0024657		09/16/2024	09/16/2025	E.L. DISEASE - EA EMPLOYEE \$	
(Mandatory in NH) If yes, describe under							500000
DESCRIPTION OF OPERATIONS below	-					E.L. DISEASE - POLICY LIMIT \$	300000
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Glenda Nardon			THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE CA IEREOF, NOTICE WILL E CY PROVISIONS.	ANCELLED BI BE DELIVERI
5160 Baileys Crossroads F	(d	a . D	AUTHO	RIZED REPRES	ENTATIVE		
8415 OLD FR	in a	BONNBS KD	70170	Change	Wille		

Fax:

Benson

ACORD 25 (2016/03)

Email:

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NC 27504