

1

2 Buildings Non Climate Cont

Initial Application Date: 12 30 -13

Application # 13500 32682
DRB # _____ CU # _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Adkins-Denton, LLC Mailing Address: 7104 Christian Light Rd.

City: Fuquay-Varina State: NC Zip: 27526 Contact # 919-388-5511 Email: _____

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact # _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 8.92

State Road # _____ State Road Name: US 401 Map Book&Page: 2007 463

Parcel: 08 0652 0076 01 PIN: 0652 - 27 - 0059.001

Zoning: COMM Flood Zone: X Watershed: IV Deed Book&Page: 27031 311 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 401 N, approximately 4 miles on the right just before large white cross - 6050 US 401 N

PROPOSED USE:

- Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____
- Business Sq. Ft. Retail Space: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- Daycare # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____
- Industry Sq. Ft: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- Church Seating Capacity: _____ # Bathrooms: _____ Kitchen: _____
- Accessory Addition Other (Size 20000 sq. ft.) Use: self storage rental

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *MUST have operable water before final

Sewage Supply: _____ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ County Sewer

Comments:

10-9-13 Planning OK with site No Plan rev fee Just sign off a HTE
 \$100 Exist Tank fee, 4 sets of Plans
 2 Non Climate Cont 200x25 + 200x30
 1 Climate Cont 9,000 Sq Ft

200x25
200x30

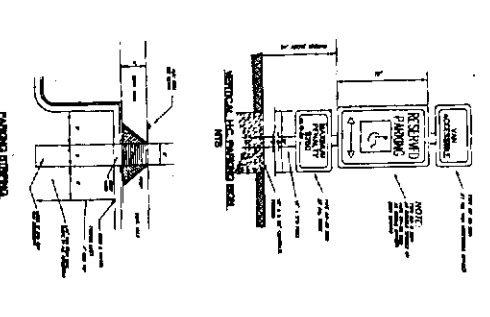
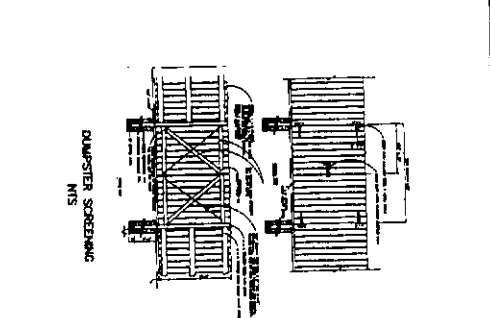
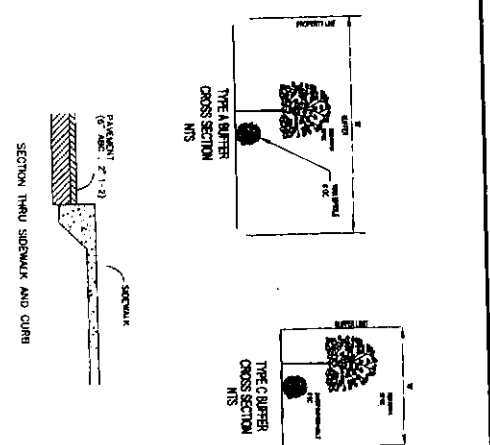
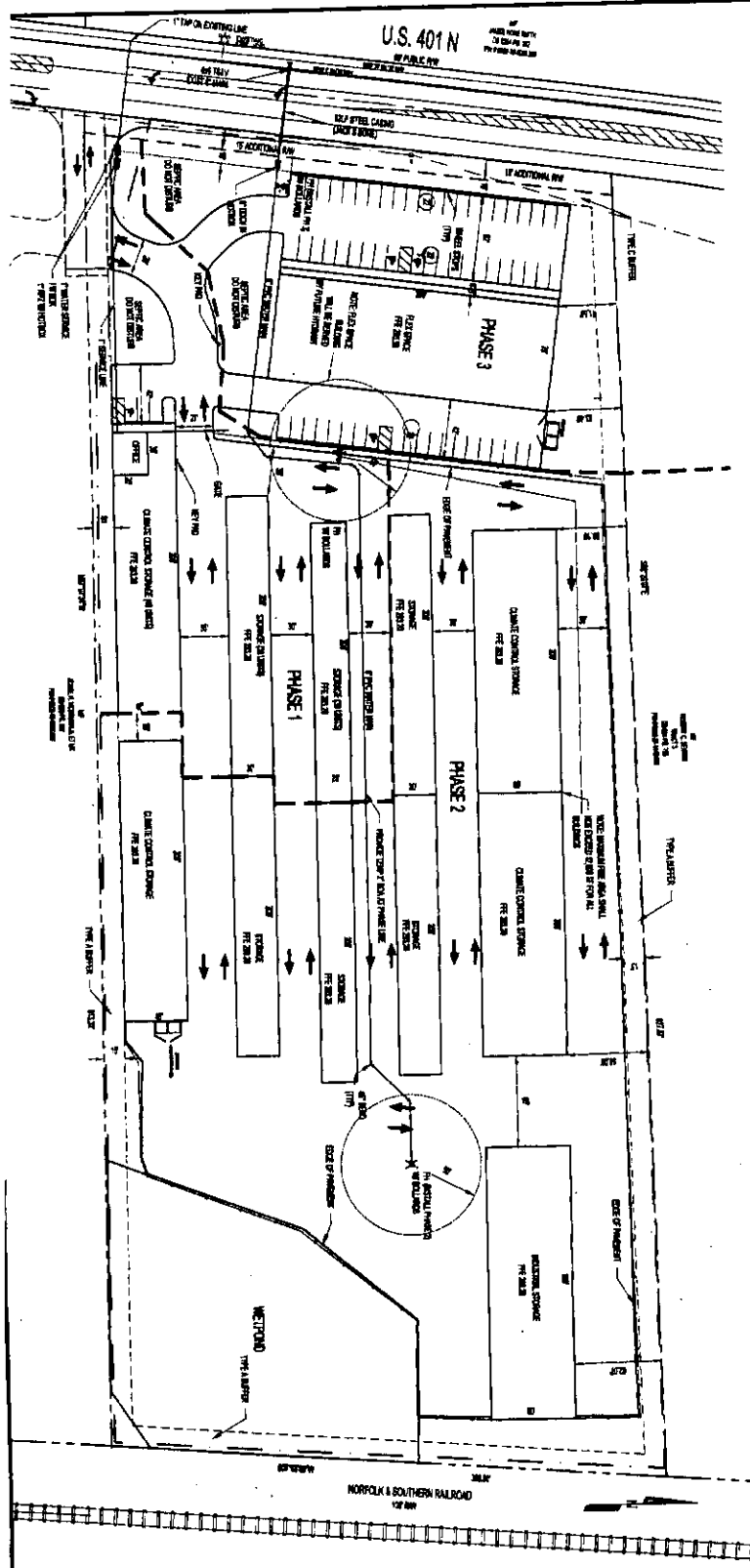
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Gary Adkins (Owner)
Signature of Owner or Owner's Agent

10-15-13
Date

This application expires 6 months from the initial date if permits have not been issued

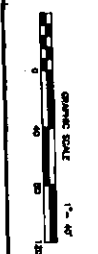
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION



PHASING SUMMARY

USE	AREA (SF)	SPACES REQUIRED	SPACES PROVIDED
SELF STORAGE OFFICE	600	3	3
FLEX OFFICE SPACE	7500	37	50
FLEX WAREHOUSE	7500	15	45
HC SPACE REQUIREMENTS			
HC STORAGE		1	1
FLEX SPACE		1	1

COMPANIES/PLANTED DECOROUS TREE DETAIL



REV.	DATE	DESCRIPTION
1		ISSUED FOR PERMITS
2		ISSUED FOR CONSTRUCTION
3		ISSUED FOR CONSTRUCTION
4		ISSUED FOR CONSTRUCTION

Almost Home Self Storage
 Landscape, Utility and Staking Plan

Adkins & Denton, LLC
 7104 Chatham Light Road
 Fuquay Varina, NC 27088

John A. K. Tucker, P.E.
 Consulting Engineer
 P.O. Box 287 Fuquay Varina, North Carolina 27088
 919.887.0000 Fax: 919.887.0011
 Email: jatk@adkinsdenton.com



RECEIVED
 8/7 11 7/18

2

APPLICATION #: _____

NAME: _____

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)
910-893-7525 option 1 CONFIRMATION # _____

- Environmental Health New Septic System Code 800**
 - **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
 - Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
 - Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
 - If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
 - **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
 - After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health Inspection. Please note confirmation number given at end of recording for proof of request.
 - Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.
- Environmental Health Existing Tank Inspections Code 800**
 - Follow above instructions for placing flags and card on property.
 - Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
 - **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
 - After uncovering outlet end call the voice permitting system, at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
 - Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted Innovative Conventional Any
 Alternative Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES NO Does the site contain any Jurisdictional Wetlands?
- YES NO Do you plan to have an irrigation system now or in the future?
- YES NO Does or will the building contain any drains? Please explain. _____
- YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- YES NO Is any wastewater going to be generated on the site other than domestic sewage?
- YES NO Is the site subject to approval by any other Public Agency?
- YES NO Are there any Easements or Right of Ways on this property?
- YES NO Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Darryl Adams (Owner)
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10.15.13
DATE

2

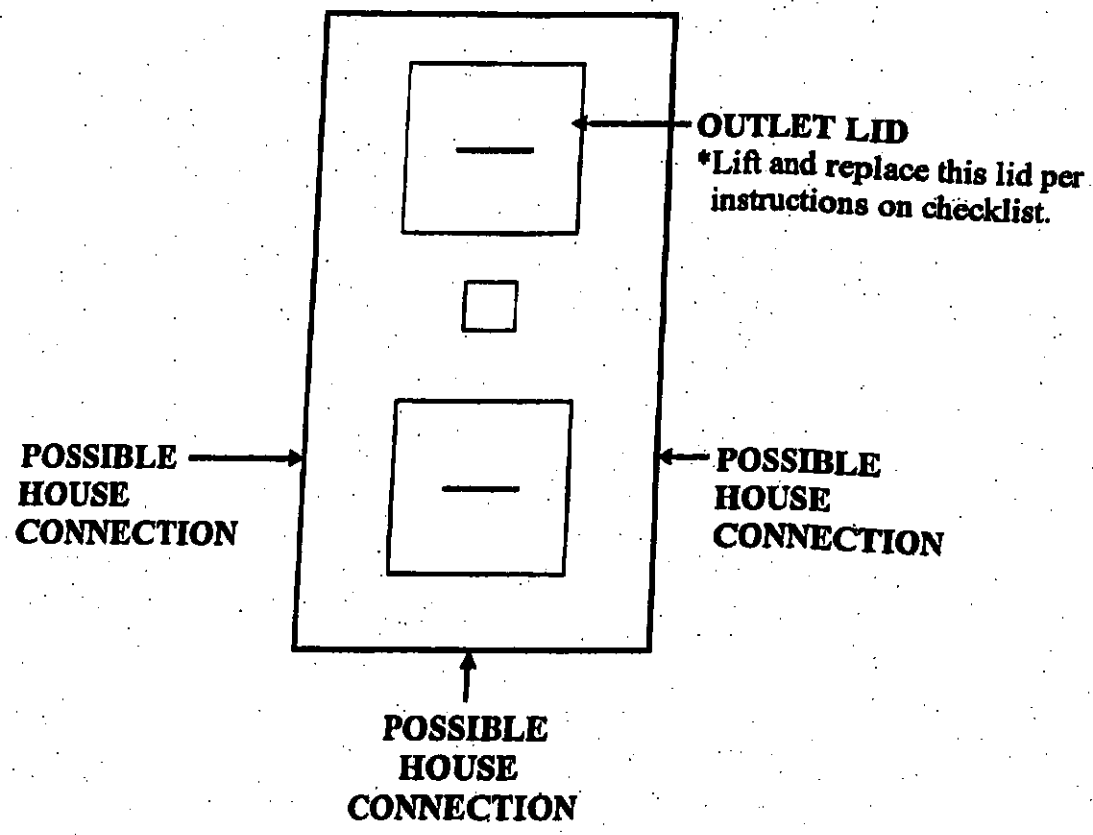



HARNETT COUNTY ENVIRONMENTAL HEALTH SEPTIC TANK DIAGRAM


**Harnett
COUNTY**
NORTH CAROLINA
strong roots • new growth

HOW TO PROPERLY IDENTIFY YOUR TANK'S LID(S)

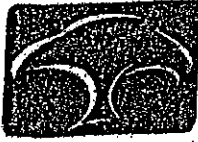
DIAGRAM OF A TYPICAL SEPTIC TANK



 **SQUARE** (Shown on diagram)

 **RECTANGLE** (Older tanks)

 **ROUND**

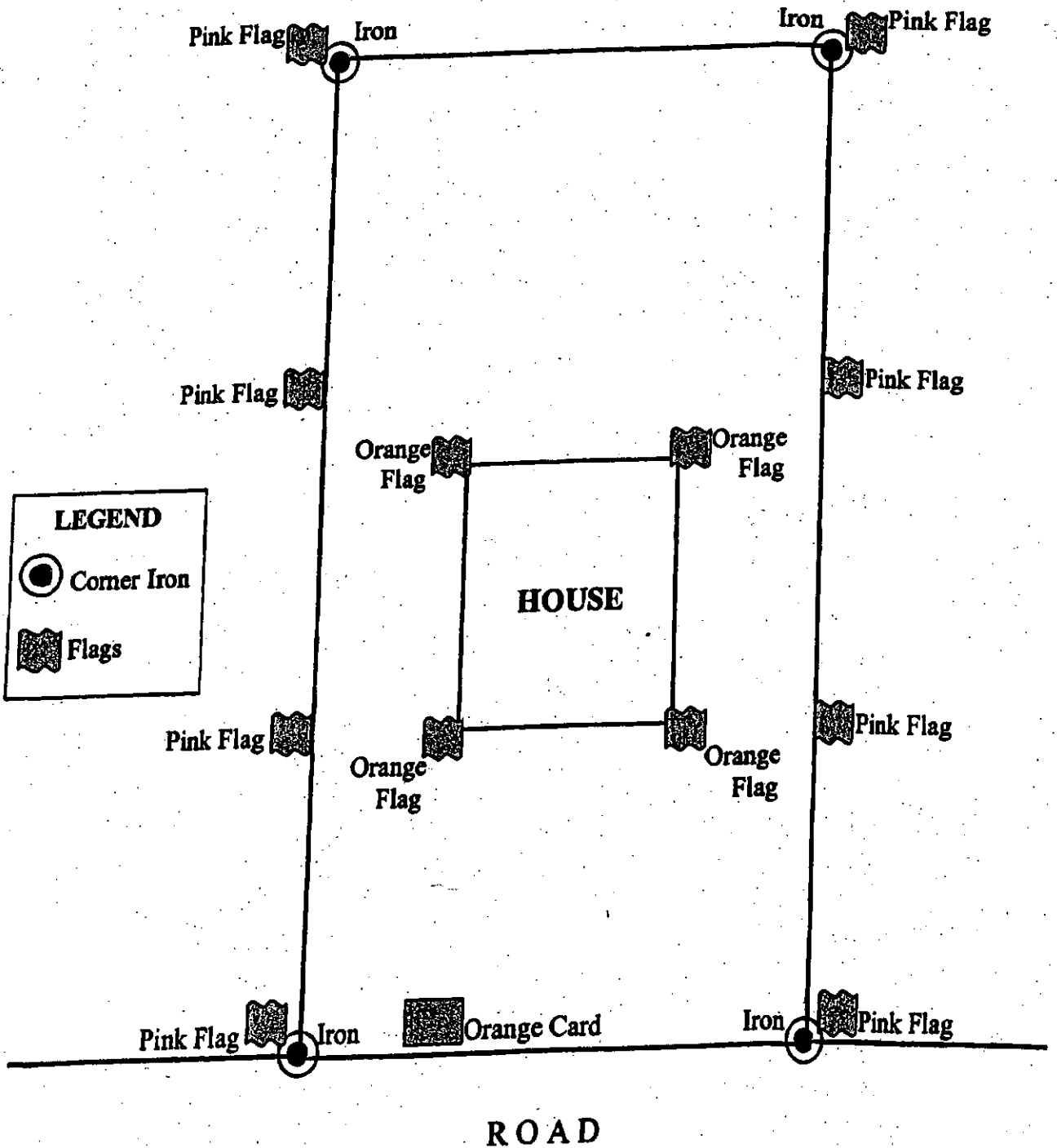


Harnett
COUNTY
NORTH CAROLINA
strong roots • new growth

HARNETT COUNTY ENVIROMENTAL HEALTH

SITE PREPARATION

HOW TO PROPERLY MARK PROPERTY FOR SOIL EVALUATION





Application for Plan Review

Application # 13-500326⁸²₈₃

Date Received: 12-30-13 Received By: V.L. Fry

Name of Project: ALL MOST HOME

Physical Address of Project: 6050 401 N.

FUSQUAY-VARINA NC 27526

Plans Submitted By: C. DAVID HOLLEMAN

Project Phone: (919)-669-4707

Contact Person/Address: 204 SCHOLL ST.

FUSQUAY-VARINA, N. 27526

Contact Phone: (919)-669-4707 () - -

Contractor's Name/Info: _____

SAME AS ABOVE

Contractor's Phone: () - -

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <http://htweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.



Plan Review, Inspection and Permit Fees

Application Number 13-50032682

\$150.00	<input type="checkbox"/>	Explosive Mat. (90 Days)
\$ 75.00	<input type="checkbox"/>	Explosive Mat. (72 Hrs)
\$ 35.00	<input type="checkbox"/>	Fireworks Public Display
\$ 50.00	<input checked="" type="checkbox"/>	Final Inspection
\$ 35.00 + 2.00 per device	<input type="checkbox"/>	Fire Alarm Testing
\$ 35.00 + 2.00 per nozzle	<input type="checkbox"/>	Fixed Fire Suppression
\$ 25.00	<input type="checkbox"/>	Insecticide Fog/Fumigation
\$ 50.00	<input type="checkbox"/>	Pipe Test/UST/AGST
\$ 50.00	<input type="checkbox"/>	Plans up to 5000 ft ²
\$100.00	<input type="checkbox"/>	Plans 5001 ft ² to 10,000 ft ²
\$150.00	<input checked="" type="checkbox"/>	Plans 10,001 ft ² to 25,000 ft ²
\$250.00	<input type="checkbox"/>	Plans 25,001 ft ² and over
\$ 35.00 + 2.00 per Head	<input type="checkbox"/>	Sprinkler Certification Test
\$ 35.00	<input type="checkbox"/>	Standpipe Testing
\$ 25.00	<input type="checkbox"/>	Special Assembly
\$ 25.00	<input type="checkbox"/>	Temporary Kiosks/Displays
\$ 25.00	<input type="checkbox"/>	Tents, Canopies, Air Supported
\$ 50.00	<input type="checkbox"/>	Tank Installation (charge for each tank)
\$ 50.00	<input type="checkbox"/>	Tank Removal (charge for each tank)

\$ 200.00 Total

n/a Total device/heads

Michael L. Martin
Code Enforcement Official

1/6/2014
Date



Plan Review, Inspection and Permit Fees

Application Number 13-50032683

\$150.00	<input type="checkbox"/>	Explosive Mat. (90 Days)
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\$250.00	<input type="checkbox"/>	Plans 25,001 ft ² and over
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\$ 50.00	<input type="checkbox"/>	Tank Installation (charge for each tank)
\$ 50.00	<input type="checkbox"/>	Tank Removal (charge for each tank)

\$ 150.00 Total

n/a Total device/heads

Michael L. Martin
Code Enforcement Official

1/6/2014
Date



January 6, 2014

C. David Holleman
204 Scholl Street
Fuquay Varina, NC 27526

**Re: Almost Home Self Storage
6050 US 401 North
Fuquay Varina, NC 27526**

**Application Number 13-50032682
13-50032683**

Mr. Holleman,

Thank you for submitting the plans for the storage facility. The plans have been carefully reviewed by a qualified code enforcement official to examine for full compliance with the North Carolina Fire Prevention Code and all other fire protection regulatory documents. There are some items that were found during the plan review process that need to be addressed before a final inspection of the new facility can be given. These items are outlined and described below.

- **906.1 Fire Extinguishers**

- Fire extinguishers shall be placed in approved locations as drawn by the code enforcement official on the approved plans.
- The fire extinguishers provided shall have a minimum rating of 2A 10B:C and shall not be installed higher than 5 feet above the finished floor
- Fire extinguishers shall be installed in such a manner that no distance to an extinguisher is greater than 75'

- **Fire Hydrant Installation**

- According to the approved site plan, a fire hydrant supplied by a 6" water main will be installed to comply with the fire code.
- The installation of the fire hydrant must be completed before final inspection of this facility.



- **505.1 Physical Address**

- The physical address of the building shall be posted in a conspicuous place so that it can be seen on approach from the road, access road, and/or parking lot.
- The numbers used to make up the physical address shall be at least 5 inches in height.
- The address shall be posted on the interior of the building indicating the suite location in a conspicuous manner.

Thank you again for submitting the plans for the storage facility. Please review the plans and adhere to any notes and alterations that were made in addition to the original drawings. These remarks are for the plans that were submitted and its original intent. These remarks do not apply if the original intent changes or what was submitted on the above date changes. If you have any questions, please do not hesitate to call this office.

Again, thank you and we look forward to working with you during the construction period!

Thank You,



Michael L. Martin
Chief Deputy Fire Marshal

X-3



Emergency Services Department
www.harnett.org

3 Buildings Total

Handwritten scribble

Application for Plan Review

Application # 13-500326 ^{82 2 Non Climate Controlled} _{83 1 Climate Controlled}

Date Received: 12-30-13 Received By: V.L. Fry

Name of Project: ALL MOST HOME

Physical Address of Project: 6050 401 N.

Plans Submitted By: FUGLEBY-VARINA NC 27526
C. DAVID HOLLEMAN

Project Phone: (919)-669-4707

Contact Person/Address: 204 S HOLL ST.
FUGLEBY-VARINA, N. 27526

Contact Phone: (919)-669-4707 () - -

Contractor's Name/Info: SAME AS ABOVE

Contractor's Phone: () - -

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HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number 13-50032682 Date 1/10/14
Property Address 6050 US 401 N
PARCEL NUMBER 08-0652- - -0076- -01-
Application type description CP NEW COMMERCIAL BLDG/ENTERPRISE
Subdivision Name
Property Zoning BUSINESS/COMMERCIAL DIST

Owner

ADKINS DENTON & STARKEY LLC
7104 CHRISTIAN LIGHT RD
FUQUAY VARINA NC 27526

Contractor

HOLLEMAN'S HOMES INC
204 SCHOLL ST
FUQUAY VARINA NC 27526

Applicant

ADKINS & DENTON LLC

--- Structure Information 000 000 2 NON CLIMATE CONTROL STORAGE BUILDINGS
Flood Zone FLOOD ZONE X
Other struct info PROPOSED USE SELF STORAGE
SEPTIC - EXISTING? EXISTING

Permit COMMERCIAL BUILDING PERMIT
Additional desc BUILD
Phone Access Code 1014919
Issue Date 1/10/14 Valuation 24750
Expiration Date 1/10/15

Permit COMMERCIAL INSULATION PERMIT
Additional desc
Phone Access Code 1014927
Issue Date 1/10/14 Valuation 0
Expiration Date 1/10/15

Permit LAND USE PERMIT
Additional desc STORAGE BUILD NON CLIMATE
Phone Access Code 1014935
Issue Date 1/10/14 Valuation 0
Expiration Date 7/09/14

Special Notes and Comments

T/S: 12/31/2013 11:48 AM VBROWN ----
6050 US 401N FUQ VAR.

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	13-50032682	Page	2
Property Address	6050 US 401 N	Date	1/10/14
PARCEL NUMBER	08-0652- - -0076- -01-		
Application description	CP NEW COMMERCIAL BLDG/ENTERPRISE		
Subdivision Name			
Property Zoning	BUSINESS/COMMERCIAL DIST		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type			COMMERCIAL BUILDING PERMIT		
10	151	C151	C*BLDG FOOTING		/ /
20	814	A814	ADDRESS CONFIRMATION		/ /
30	179	C179	C*BLDG FINAL		/ /
999	163	C163	C*BLDG FLOOR FRAMING		/ /
999	155	C155	C*BLDG FOUNDATION		/ /
999	153	C153	C*BLDG ROUGH IN		/ /
999	159	C159	C*BLDG SLAB INSP		/ /
999	157	C157	C*BLDG WATERPROOFING		/ /
999	177	C177	C*HOOD SYSTEM		/ /
999	185	I185	C*INSULATION INSPECTION		/ /
999	175	C175	C*MOD MARRIAGE WALL		/ /
999	173	C173	C*MODULAR INSPECTION		/ /
999	161	C161	C*MONOLITH SLAB		/ /
999	169	C169	C*OVERHEAD ELE, MECH, PLB		/ /
999	165	C165	C*OVERHEAD FOR BUILDING		/ /
999	171	C171	C*REBAR INSPECTION		/ /
999	828	S828	C*SIGN INSPECTION		/ /
999	167	C167	C*WALL INSPECTION		/ /
999	822	H822	ENVIR. HLTH/SANITATION FINAL		/ /
999		H824	ENVIR. OPERATIONS PERMIT		/ /
999	880	F880	FM*ABOVE CEILING		/ /
999	878	F878	FM*AGST/UST PIPES		/ /
999	852	F852	FM*DAYCARE INSPECTION		/ /
999	854	F854	FM*FINAL INSPECTION		/ /
999	850	F850	FM*FIRE ALARM		/ /
999	884	F884	FM*FIRE MISC INSPECTION		/ /
999	870	F870	FM*FIRE WORKS / EXPLOSIVES		/ /
999	856	F856	FM*FIXED FIRE SUPPRESSION		/ /
999	882	F882	FM*FOGGING OR FUMIGATION		/ /
999	858	F858	FM*SPRINKLER CERT TEST		/ /

Page 3
Date 1/10/14

Application Number 13-50032682
Property Address 6050 US 401 N
PARCEL NUMBER 08-0652- - -0076- -01-
Application description CP NEW COMMERCIAL BLDG/ENTERPRISE
Subdivision Name
Property Zoning BUSINESS/COMMERCIAL DIST

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	864	F864	FM*SPRINKLER-FLOW	_____	___/___/___
999	860	F860	FM*SPRINKLER-FLUSH	_____	___/___/___
999	862	F862	FM*SPRINKLER-HYDRO	_____	___/___/___
999	866	F866	FM*STANDPIPE	_____	___/___/___
999	872	F872	FM*TANKS-ABANDON IN PLACE	_____	___/___/___
999	874	F874	FM*TANKS-INSTALLATION	_____	___/___/___
999	876	F876	FM*TANKS-REMOVAL	_____	___/___/___
999	868	F868	FM*TENTS	_____	___/___/___
999	357	P357	C*PLUMB UNDER SLAB	_____	___/___/___
999		MISC	COMMERCIAL MISCELLANEOUS	_____	___/___/___
Permit type			COMMERCIAL INSULATION PERMIT		
999	185	I185	C*INSULATION INSPECTION	_____	___/___/___
999	129	I129	R*INSULATION INSPECTION	_____	___/___/___
Permit type			LAND USE PERMIT		
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___

3

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Non Ultimate Cont

Application # 135 04 32 683 32 682 Non CI Client

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

Application for Building and Trades Permit

Owner's Name: _____ Date: _____

Site Address: 6050 US401 N Fuquay-Varina, NC 27526 Phone: 919-557-3227

Directions to job site from Lillington: 401 North 4 miles on right just before big white cross.

Subdivision: _____ Lot: _____

Description of Proposed Work: _____

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 24,750.00

Hollerman Homes
Building Contractor's Company Name

919-669-4707
Telephone

204 Scholl St Fuquay-Varina, NC 27526
Address

angierjudy@embergmail.com
Email Address

C. Todd Hollerman
Signature of Owner/Contractor/Officer(s) of Corporation

41028
License #

Electrical Contractor Information: Electrical Cost \$ N/A
Description of Work 200 Amp Signal Phase Service Size: 200 Amps #T-Poles 0

meter base outdoors 42 indoor circuit Panel
Electrical Contractor's Company Name

919-398-0673
Telephone

Associated Electric
Address

pburridge@charter.net
Email Address

Mike Burridge
Signature of Owner/Contractor/Officer(s) of Corporation

21993-2
License #

Mechanical Contractor Information: Mechanical Cost \$ N/A
Description of Work HVAC # Units 2

Tim Holley Mechanical Serv.
Mechanical Contractor's Company Name

918-391-8058
Telephone

2087 Feed Mill Rd Roseboro 28382
Address

N/A
Email Address

Tim Holley
Signature of Owner/Contractor/Officer(s) of Corporation

28261
License #

Plumbing Contractor Information: Plumbing Cost \$ _____
Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____

License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____

Telephone _____

*NOTE: General Contractor must fill out and sign the second page of this application

Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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 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 charged at full price per current fee schedule.



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 carrying out the work.

Company or Name: _____

Sign w/Title: 

Date: _____