

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: THSUN JUHNSUN	Date <u> </u>
Site Address: // Hay DAN LN CAMERON, NC 2	8321 Phone 7/9-5/4 - 89 #7
Subdivision: RICHMENIA PARK	Lot
Description of Proposed Work: FIRE RESTORATION	_ Total Job Cost \$ 17,978,23
General Contractor Information	1
SHOWLASE RESTORATION INC. Building Contractor's Company Name	910-864-0911 Telephone 1314 p 91154pw & 356, Lone Email Kidross
LU247 HEATED SQ FT GARAGE SO GARAGE SO	P314 p 911 SHpw & OSt, Lone Email Address
License # HEATED SQ FT GARAGE SO	Q FT
Electrical Contractor Information	<u>n</u>
Description of Work Attolate Cufetiment Box Service Size:	Amps T-Pole:Yes V_No
Flectrical Contractor's Company Name	710-723-3243
416 CAMMIHER DI HOPE HATHS, NC 28349 Address	2 necessary
Address	Email Address gmail. Lom
26627-6	7.101111011
License # Mechanical/HVAC Contractor Inforn	action
moonamountivito contractor intern	
Description of Work	iation .
Description of Work	<u>action</u>
Description of Work	Telephone
Mechanical Contractor's Company Name Address	Telephone
Mechanical Contractor's Company Name Address License #	Telephone Email Address
Mechanical Contractor's Company Name Address License # Plumbing Contractor Information	Telephone Email Address
Mechanical Contractor's Company Name Address License #	Telephone Email Address
Mechanical Contractor's Company Name Address License # Plumbing Contractor Information	Telephone Email Address
Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work	Telephone Email Address n # Baths
Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor S Company Name	Telephone Email Address n _# Baths Telephone
Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Address License # Insulation Contractor Information	Telephone Email Address n # Baths Telephone Email Address
Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Address License #	Telephone Email Address n # Baths Telephone Email Address



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: Praysll & Jhr Date: 12-09-21

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1593906

Filed on: 12/09/2021

Initially filed by: Showcase2015

Designated Lien Agent

Old Republic National Title Insurance Company

Online: www.liensnc.com (http://www.liensnc.com)

Address: 223 S. West Street, Suite 900 /

Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com [mailto.support@liensnc.com]

Project Property

11 Hayden Ln Cameron, NC 28326 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

12/09/2021

Owner Information

Adam Green PO Box 47 Favetteville, NC 28302 **United States**

Email: RM@911showcase.com

Phone: 910-864-0911

View Comments (0)

Technical Support Hotline: (888) 690-7384

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

80SHOWCRES

Client#: 1675074

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/28/2020

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

PRODUCER	CONTACT NC Certificate Team				
McGriff Insurance Services	PHONE (A/C, No, Ext):	FAX (A/C, No): 888-746-8761			
3318 West Friendly Ave.,	E-MAIL ADDRESS: nccertificateteam@mcgriff.com				
Ste. 400	INSURER(S) AF	FORDING COVERAGE NAIC #			
Greensboro, NC 27410	INSURER A : Everest Indemnity Insu	urance Company 10851			
Showcase Restoration, Inc 5845 D Yadkin Rd Fayetteville, NC 28303	INSURER B : Berkley Casualty Com	npany 15911			
	INSURER C: The Cincinnati Insurar	nce Company 10677			
	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE 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.

ISR TR	TYPE OF INSURANCE	NSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		EF4ML06461201	09/01/2020	09/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$50,000
						MED EXP (Any one person)	\$5,000
	X BI/PD Ded: \$5,000					PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
С	OTHER: AUTOMOBILE LIABILITY		ENP0550116 09/0		09/01/2021	COMBINED SINGLE LIMIT (Fa accident)	\$ \$1,000,000
	X ANY AUTO				1996th, b. 160-16000	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
A	UMBRELLA LIAB X OCCUR		EF4CU01500201	09/01/2020	09/01/2021	EACH OCCURRENCE	\$3,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$3,000,000
	DED RETENTION\$						\$
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y / N		BNUWC0148972	09/01/2020	09/01/2021	X PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		E.L. EACH ACCIDENT		\$500,000	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000
Α	Contractors Pollu		EF4ML06461201	09/01/2020	09/01/2021	\$1,000,000*	
Α	Professional Liab		sional Liab EF4ML06461201 09/01/20		020 09/01/2021	\$1,000,000**	

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

** Workers Comp Information **

Proprietors/Partners/Executive Officers/Members Excluded:

Mary Etowski, Vice President

Tom Etowski, Treas/Sec

(See Attached Descriptions)

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Showcase Restoration Inc 5845 D Yadkin Rd Fayetteville, NC 28303

CANCELLATION

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

Done MiNA

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DESCRIPTIONS (Continued from Page 1)

** Supplemental Name **

Showcase Restoration, Inc.

Showcase Government Services, Inc.

Woodford, LLC

Showcase Environmental Services, Inc.

*Contractors Pollution \$1,000,000 any one pollution condition with \$10,000 deductible; Non-Owned Disposal Site \$1,000,000 Any One Pollution Condition \$5,000 deductible; Hostile Fire and Building Equipment \$1,000,000 with \$5,000 deductible; Transportation Pollution \$1,000,000 any one pollution condition with \$10,000 deductible - other sublimits may apply, refer to the policy.

**Professional Liability \$1,000,000 Any one wrongful act with \$5,000 deductible.

Aggregate Limits for the policy \$2,000,000 general aggregate / \$2,000, 000 products completed operations aggregate. Per Project Aggregate Capped at \$6,000,000.

Retro Active Dates for Claims Made Policies - Professional Liability 1/1/2012.

2021

60267

North Carolina

Licensing Board for General Contractors

This is to Certify Chat:

Showcase Restoration, Inc. Fayetteville, NC

is duly registered and entitled to practice

General Contracting

Limitation: Unlimited
Classification: Building; PU(Water Lines & Sewer Lines)



until

December 31, 2021

when this Certificate expires. Witness our hands and seal of the Board. Dated, Kaleigh, N.C.

January 1, 2021

This certificate may not be altered.

J. J. P. Sto

Chairman

C. frank Wiesner