



Harnett
COUNTY
NORTH CAROLINA



Emergency Services Department

www.harnett.org

Fire Marshal Division

P.O. Box 370
Lillington, NC 27546
910-893-7580

Application for Blasting/Explosives Storage Permit

Application # _____ Date of Application: 5 / 31 / 23

Applicant: JERRY HEBERT CAROLINA DRILLING INC

Billing Address: 326 RAILROAD ST.

City MOCKSVILLE State NC Zip 27028

Contact JERRY HEBERT Contact Phone # (919) 886-1812

EXPLOSIVES WILL NOT BE STORED ON SITE

Location of Blast/Storage Site 800 BALLARD RD

City FUQUAY VARINA State NC Zip 27536

Start Date 6 / 2 / 23 Completion Date 9 / 2 / 23

This application must be completed and returned to Central Permitting prior to the issuance of the permit. Please allow (7-10) working days for processing. Two types of permit may be issued: 48 hour permit for (35.00) and a 90 day permit for (100.00) Fees must be paid prior to issuance of any permits. The following items are required to be submitted with this application:

- 1 ✓ Certificate of Insurance or have a current certificate on file in our office.
- 2 List of materials to be used on site. If storage of materials is proposed on site, provide a site plan indicating the location of storage magazines and distances to inhabited buildings, public roadways and separation of multiple magazines
- 3 Provide information on magazine types to include amount and type of explosives to be stored in each.

Jerry Hebert
Applicant Signature

5 / 31 / 23
Date

CERTIFICATE OF LIABILITY INSURANCE

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 USI Insurance Services, LLC 8540 Colonnade Center Dr. Suite 111 Raleigh, NC 27615	CONTACT NAME: Mackenzie Downs
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: mackenzie.downs@usi.com
INSURED Carolina Drilling, Inc. 326 Railroad Street, #2232 Mocksville, NC 27028	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : United States Fire Insurance Company 21113
	INSURER B : North River Insurance Company 21105
	INSURER C : Hanover Insurance Company 22292
	INSURER D : _____
	INSURER E : _____

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.

INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
CLASS		INSR	TYPE		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____			5069069127	06/01/2023	06/01/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS COMP/OP ACC \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			5069069127	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A (mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below			5821213896	06/01/2023	06/01/2024	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ PER STATUTE _____ OTH-ER _____ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	<input checked="" type="checkbox"/> Leased/Rented Equipment			IH6J01537000	06/01/2023	06/01/2024	\$600,000

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

CERTIFICATE HOLDER Harnett County Fire Marshal Division PO BOX 370 Lillington, NC 27546	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 <i>Paula B Bulman</i>
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