

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

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: ORVAL GOSLAW Date: 5-6-19
Site Address: 194 FARRAH-SHEA WAY Phone: 919 625-5737
Subdivision: BRIAN-KEITH MEADOWS Lot: 10
Description of Proposed Work: BUILD OUR HOUSE

General Contractor Information

Roy T. McGee III / MCGEE BUILDERS 919-369-6588
Building Contractor's Company Name Telephone
1208 Rolling Farm Drive, Raleigh, NC 27603
Address Email Address
#35121
License #

Electrical Contractor Information

Description of Work WIRE HOUSE Service Size: Amps T-Pole: Yes No
CHURCH ELECT 919-868-9352
Electrical Contractor's Company Name Telephone
5592 CHRISTIAN LIGHT Rd, Fuquay-Varina
Address Email Address
~~5592~~ 21305
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC SYSTEM
BARCO MECHANICAL 919-557-3454
Mechanical Contractor's Company Name Telephone
Address Email Address
License #

** Need Mech Info*

Plumbing Contractor Information

Description of Work PLUMBING HOUSE # Baths 2
Camden's Plumbing & Repair Inc 919-669-4650
Plumbing Contractor's Company Name Telephone
P.O. Box 1359 Fuquay-Varina - 27526
Address Email Address
18903 PI
License #

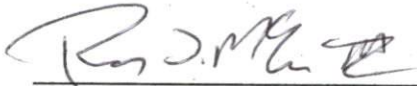
Insulation Contractor Information

INSULATION INC. 5902 Fayetteville Rd 919-772-9000
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.



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

5-16-19

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.

Sign w/Title: R. J. Mc... / OWNER

Date: 5-16-19

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 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).

INSURED MCGEE BUILDERS LLC
NAME AND 1208 ROLLING FARM DR
ADDRESS RALEIGH NC 27603

CERTIFICATE UNION COMMUNITY BANK
HOLDER 325 N JUDD PKWY NE
 FUQUAY VARINA NC 27526

COVERAGES

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.

x	TYPE OF INSURANCE	ADDL SUBR (NSD WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY - OCCURRENCE GEN'L AGGREGATE APPLIES PER POLICY		GL 0503522	10/11/2018	10/11/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>PRODUCTS - COMP/OPS AGGREGATE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea Occurrence)</td><td style="text-align: right;">\$100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$5,000</td></tr> </table>	GENERAL AGGREGATE	\$1,000,000	PRODUCTS - COMP/OPS AGGREGATE	\$1,000,000	PERSONAL & ADV INJURY	\$1,000,000	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$100,000	MED EXP (Any one person)	\$5,000
GENERAL AGGREGATE	\$1,000,000																	
PRODUCTS - COMP/OPS AGGREGATE	\$1,000,000																	
PERSONAL & ADV INJURY	\$1,000,000																	
EACH OCCURRENCE	\$1,000,000																	
DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$100,000																	
MED EXP (Any one person)	\$5,000																	
<input type="checkbox"/>	BUSINESSOWNERS					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$								
EACH OCCURRENCE	\$																	
AGGREGATE	\$																	
<input type="checkbox"/>	AUTOMOBILE LIABILITY					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Each accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Each accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
COMBINED SINGLE LIMIT (Each accident)	\$																	
BODILY INJURY (Per person)	\$																	
BODILY INJURY (Per accident)	\$																	
PROPERTY DAMAGE (Per accident)	\$																	
<input type="checkbox"/>	SCHEDULED AUTOS																	
<input type="checkbox"/>	HIRED AUTOS																	
<input type="checkbox"/>	NON-OWNED AUTOS																	
<input type="checkbox"/>	GARAGE LIABILITY																	
<input type="checkbox"/>	_____ (Other)																	
<input type="checkbox"/>	EXCESS LIABILITY - OCCURRENCE					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$								
EACH OCCURRENCE	\$																	
AGGREGATE	\$																	
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY POLICY APPLIES TO THE WORKERS COMPENSATION LAW IN THE STATE OF NC	N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>WC STATUTORY LIMITS</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table>	WC STATUTORY LIMITS	\$	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$				
WC STATUTORY LIMITS	\$																	
E.L. EACH ACCIDENT	\$																	
E.L. DISEASE - EA EMPLOYEE	\$																	
E.L. DISEASE - POLICY LIMIT	\$																	
<input type="checkbox"/>	OTHER:																	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES:

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

DATE 5/16/2019

Blahn Edwards

License Year

2019

License No.

35121

North Carolina

Licensing Board for General Contractors

This is to Certify That:

Roy Thomas McGee, III
Raleigh, NC

is duly registered and entitled to practice

General Contracting

Limitation: Limited
Classification: Residential

until

December 31, 2019

when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

January 1, 2019

This certificate may not be altered.



Chairman

Secretary-Treasurer