* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 11-500-26125

Hamett County Central Permitting
PO Box 65 Litington, NC 27546
910-893-7525 Fax 910-693-2792 www.hamett.org/permits

SCANNED 2/24/11 DATE

Application for Residential Building and Trades Permit

Owner's Name: Kelly & Jackie Hayes	Date:			
Site Address: Mike Williams Ln	Phone: 919-389-3048			
Directions to job site from Lillington: Take NC 210 S and				
The state of the s				
Subdivision: 1/2	Lot: n/a			
Description of Proposed Work: New Single Family Dwel				
	Bonus Room? Crawl Space: √ Slab:			
Schumacher Homes of NC, Inc.	919-724-4465			
Building Contractor's Company Name	Telephone			
6615 Fayatteville Rd, Ste. 04, Durham, NC 27713	aallen@schumacherhomes.com			
Address	Email Address			
Clegra allen	58362			
Signature of Owner/Contractor/Officer(s) of Corporation				
Description of Work All electrical for SFD	actor Information Service Size: <u>200</u> Amps T-Pole: ✓ YesNo			
Raleigh Lenehart Electric	919-303-6266			
Electrical Contractor's Company Name	Telephone			
1120 Burma Dr. Apex, NC 27502	vertinds@lanehart.com			
Address / ///	Email Address			
The	24986-U			
Signature of Orposticontractor/Officer(s) of Corporation				
	entractor Information			
Description of Work HVAC work for SFD				
Airmakers Heating & Air Conditioning	919-878-8500			
Mechanical Contractor's Company Name	Telephone	111		
5420 Old Poole Rd, Raleigh, NC 27610	kimberiy@alrmakera.com	Meri		
Address	Email Address	NEVI ak		
	9809	ar		
	License #			
Description of Work Plumbing for SFD	# Baths 2.5			
Altmax Plumbing	919-878-0111			
Plumbing Contractor's Company Name	Telephone			
2428 FETTE AVE, Apex. NC 27589	/ vicky@all-mayphymblng.com			
Addtess	Email Address	Ŧ		
Signature of Ourself Astrochart Woods 188	17510			
Signature of Owner/Contractor/Officer(s) of Corporation License # Insulation Contractor Information				
Insulating No. 1212 Home Ct, Releigh, NC 27603	· · · · · · · · · · · · · · · · · · ·			
	919-772-5313			

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

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

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

Application for Residential Building and Trades Permit

Owner's Name: Kelly & Jackle Hayes	Date:
Site Address: Mike Williams Ln	Phone: 919-389-3048
Directions to job site from Lillington: Take NC.210 S and make a she	
Subdivision: Ma	Lot: n/a
Description of Proposed Work: New Single Family Dwelling	# of Bedrooms: 3
Heated SF: 3053 Unheated SF: 541 Finished Bonus Roo	om? Crawl Space: V Slab:
General Contractor Informacher Homes of NC, Inc.	mation
Building Contractor's Company Name	919-724-4465
6815 Fayetteville Rd, Ste. 04, Durham, NC 27713	Telephone
Address	aallen@schumacherhomes.com
	Email Address 58362
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Infor	mation
Description of Work All electrical for SFD Service Raleigh Lanehart Electric	Size: 200 Amps T-Pole: Ves No
	919-303-6266
Electrical Contractor's Company Name	Telephone
1120 Burma Dr. Apex. NC 27502	verlinda@lanehart.com
Address	Email Address
	24986-U
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor I	nformation
Description of Work HVAC work for SFD Airmakers Heating & Air Conditioning	
	919-878-8800
Mechanical Contractor's Company Name	Telephone
5420 Old Poole Rd, Raleigh, NC 27610	kimberly@airmakers.com
Address	F
	Email Address
	9809
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Inform	9809 License #
Plumbing Contractor Inform	9809 License # mation
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Inform Description of Work Plumbing for SFD Alimax Plumbing	9809 License # mation # Baths 2.5
Plumbing Contractor Information of Work Plumbing for SFD Allmax Plumbing	9809 License # mation # Baths 2.5 919-678-0111
Plumbing Contractor Information of Work Plumbing for SFD Alimax Plumbing Plumbing Contractor's Company Name	9809 License # mation # Baths 2.5 919-678-0111
Plumbing Contractor Information of Work Plumbing for SFD Allmax Plumbing Plumbing Contractor's Company Name 2428 Reliance Ave, Apex, NC 27539	9809 License # mation # Baths 2.5 919-678-0111
Plumbing Contractor Information of Work Plumbing for SFD Alimax Plumbing Plumbing Contractor's Company Name	9809 License # mation # Baths 2.5 919-678-0111 Telephone vicky@all-maxplumbing.com Email Address
Plumbing Contractor Information of Work Plumbing for SFD Allmax Plumbing Plumbing Contractor's Company Name 2428 Reliance Ave. Apex. NC 27539 Address	9809 License # mation # Baths 2.5 919-678-0111 Telephone vicky@all-maxplumbling.com Email Address 17518
Plumbing Contractor Information of Work Plumbing for SFD Alimax Plumbing Plumbing Contractor's Company Name 2428 Reliance Ave. Apex. NC 27539 Address Signature of Owner/Contractor/Officer(s) of Corporation	9809 License # mation # Baths 2.5 919-678-0111 Telephone vicky@all-maxplumbing.com Email Address 17518 License #
Plumbing Contractor Information of Work Plumbing for SFD Allmax Plumbing Plumbing Contractor's Company Name 2428 Reliance Ave. Apex. NC 27539 Address	9809 License # mation # Baths 2.5 919-678-0111 Telephone vicky@all-maxplumbing.com Email Address 17518 License #

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

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

Application # Harnett County Central Permitting
PO Box 65 Littington, NC 27546
910-893-7525 Fax 910-893-2783 www.hamett.org/permits

ALL MAX

Application for Residential Building and Trades Permit

Owner's Name: Kelly & Jackle Hayes	Date:	
Site Address: Mike Williams Ln	Phone: 919-389-3048	
Directions to job site from Lillington: Take NC 210 S and make a sh		
	Lot: Ma	
Description of Proposed Work: New Single Family Dwelling	# of Bedrooms; 3	
Heated SF: 3053 Unheated SF: 541 Finished Bonus Roo	om? Crawl Space: Slab:	
General Contractor Infor	mation	
Schumacher Homes of NC, Inc.	919-724-4465	
Building Contractor's Company Name	Telephone	
6815 Fayetteville Rd, Ste. 04, Durham, NC 27713	aalien@schumacherhomes.com	
Address	Email Address	
	58362	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Electrical Contractor Infor	mation	
Description of Work All electrical for SFD Service Releigh Lanehart Electric	Size: 200 Amps T-Pole: ✓ YesN	
	919-303-6266	
Electrical Contractor's Company Name	Telephone	
1120 Burma Dr. Apex, NC 27502 Address	verfinda@lanehart.com	
Address	Email Address	
Simple of Co. 100 day 100 day 100 day	24986-U	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical/HVAC Contractor	Intermettion	
Description of Work HVAC work for SFD		
Airmakers Heating & Air Conditioning	919-878-8800	
Mechanical Contractor's Company Name	Telephone	
5420 Old Poole Rd, Releigh, NC 27610	kimberly@airmakers.com	
Address	Email Address	
	9809	
gnature of Owner/Contractor/Officer(s) of Corporation License # Plumbing Contractor Information		
Description of Work Plumbing for SFD		
Alimax Plumbing	# Baths 2.5	
Plumbing Contractor's Company Name	919-678-0111	
2428 Reliance Ave, Apex, NC 27539	Telephone	
Address	vicky@ell-maxplumbing.com	
1/2 / Service 1	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	17518	
insulation Contractor Infor	License #	
Insulating Inc. 1212 Home Ct. Raleigh, NC 27803		
nsulation Contractor's Company Name & Address	919-772-5313	
	Telephone	

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

Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)				
Do you own the land on which this building will be constructed? Yes No				
Have you hired or intend to hire an individual to superintend and manage construction of the project? Yes No				
3. Do you intend to directly control & supervise construction activities? Yes No				
Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? Yes No				
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the 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 as per current fee schedule. 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.				
Has no more than two (2) employees and no subcontractors.				
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.				
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				

Plan Box Number FICE	Job Name≤ Date 2/2	LITUMACHER HOMES OF HC
Required Inspections for SFA/S		
Sequence		
10	R* Bldg Footing R* Mono Slab R* Elec Temp Service Pole Foundation Survey R* Building Foundation Address Confirmation	Slab
30 999 30 999 30 999	Open Floor R* Bldg Slab Insp R* Elec Under Slab	Mono
30 999 40 40 40 40 40 40 40 50 60 60 60	R*Plumb Under Slab Four Trade Rough In Four Trade Rough In> 2500 Three Trade Rough In Three Trade Rough In> 2500 Two Trade Rough In Two Trade Rough In> 2500 One Trade Rough In One Trade Rough In One Trade Rough In Four Trade Final Four Trade Final Four Trade Final Three Trade Final > 2500	Crawl
60 60 60 999	Two Trade Final Two Trade Final > 2500 One Trade Final One Trade Final > 2500 Envir Operations Permit	