

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

Application # 1150026245

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: Tom & Mary Prough Date: 4/6/11
Site Address: 5908 River Road, Fuquay-Varina, NC 27526 Phone: 480-543-8174
Directions to job site from Lillington: Head west on E Front St toward S 1st St (0.1 mi); Take the 2nd right onto S Main St (1.5 mi); Turn left at US-401 N/W Cornelius Harnett Blvd Continue to follow US-401 N (3.3 mi); Turn left at Christian Light Rd (4.4 mi); Turn left at Cokesbury Rd (3.1 mi); Turn left at River Rd
Subdivision: n/a Lot: 2
Description of Proposed Work: New SFD (partial crawl space; partial basement) # of Bedrooms: 3
Heated SF: 1500 Unheated SF: 1113 Finished Bonus Room? Crawl Space: Slab:

General Contractor Information

Schumacher Homes of NC, Inc
Building Contractor's Company Name 919-724-4465
6815 Fayetteville Rd, Ste. 204, Durham, NC 27713 Telephone
Address Email Address aallen@schumacherhomes.com
Alessa Allen License # 58362
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information

Description of Work Electrical for a new SFD Service Size: 200 Amps T-Pole: Yes No
Raleigh Lanehart Electric 919-303-6266
Electrical Contractor's Company Name Telephone
1120 Burma Dr, Apex, NC 27502 Email Address verlinda@lanehart.com
Address License # 24986-U
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical/HVAC Contractor Information

Description of Work HVAC for a new SFD
Airmakers Heating & Air Conditioning 919-878-8800
Mechanical Contractor's Company Name Telephone
5420 Old Poole Rd, Raleigh, NC 27610 Email Address kimberly@airmakers.com
Address License # 9809
Signature of Owner/Contractor/Officer(s) of Corporation

Plumbing Contractor Information

Description of Work Plumbing for a new SFD # Baths 2
All-Max Plumbing 919-678-0111
Plumbing Contractor's Company Name Telephone
2428 Reliance Ave., Apex, NC 27539 Email Address vicky@all-maxplumbing.com
Address License # 17518
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

Insulating, Inc., 1212 Home Ct, Raleigh, NC 27603 11972
Insulation Contractor's Company Name & Address Telephone

***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

Hamett County Central Permitting
PO Box 65 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application # _____

Application for Residential Building and Trades Permit

Owner's Name: _____ Date: _____

Site Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: n/a

Description of Proposed Work: _____ # of Bedrooms: _____

Heated SF: _____ Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: _____ Slab: _____

General Contractor Information

Schumacher Homes of NC, Inc.
Building Contractor's Company Name
6615 Fayetteville Rd, Ste. 04, Durham, NC 27713
Address

919-724-4465
Telephone
aallen@schumacherhomes.com
Email Address
58362
License #

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

Electrical Contractor Information

Description of Work All electrical for SFD
Raleigh Lanehart Electric
Electrical Contractor's Company Name
1120 Burma Dr, Apex, NC 27502
Address

Service Size: 200 Amps T-Pole: Yes No

919-303-6266
Telephone
varlinda@lanehart.com
Email Address
24986-U
License #

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

Mechanical/HVAC Contractor Information

Description of Work HVAC work for SFD
Airmakers Heating & Air Conditioning
Mechanical Contractor's Company Name
5420 Old Poole Rd, Raleigh, NC 27610
Address

919-878-8600
Telephone
kimberly@airmakers.com
Email Address
9809
License #

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

Plumbing Contractor Information

Description of Work Plumbing for SFD
Allmax Plumbing
Plumbing Contractor's Company Name
2428 Reliance Ave, Apex, NC 27539
Address

Baths: _____
919-678-0111
Telephone
vicky@all-maxplumbing.com
Email Address
17518
License #

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

Insulation Contractor Information

Insulating Inc, 1212 Home Ct, Raleigh, NC 27603
Insulation Contractor's Company Name & Address

919-772-5313
Telephone

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Application for Residential Building and Trades Permit

Owner's Name: _____ Date: _____

Site Address: _____ Phone: _____

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Subdivision: _____ Lot: _____

Description of Proposed Work: _____ # of Bedrooms: _____

Heated SF: _____ Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: _____ Slab: _____

General Contractor Information

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Building Contractor's Company Name
6815 Fayetteville Rd, Ste. 04, Durham, NC 27713
Address

919-724-4465
Telephone
aallen@schumacherhomes.com
Email Address
58362
License #

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

Electrical Contractor Information

Description of Work All electrical for SFD
Raleigh Lanehart Electric
Electrical Contractor's Company Name
1120 Burma Dr, Apex, NC 27502
Address

Service Size: 200 Amps T-Pole: Yes No
919-303-8266
Telephone
verlinda@lanehart.com
Email Address
24986-U
License #

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

Mechanical/HVAC Contractor Information

Description of Work HVAC work for SFD
Airmakers Heating & Air Conditioning
Mechanical Contractor's Company Name
5420 Old Poole Rd, Raleigh, NC 27610
Address

919-878-8800
Telephone
kimberly@airmakers.com
Email Address
9809
License #

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

Plumbing Contractor Information

Description of Work Plumbing for SFD
Allmax Plumbing
Plumbing Contractor's Company Name
2428 Reliance Ave, Apex, NC 27539
Address

Baths
919-678-0111
Telephone
vicky@all-maxplumbing.com
Email Address
17518
License #

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Application # _____
Harnett County Central Permitting
PO Box 85 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: _____ Date: _____

Site Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ # of Bedrooms: _____

Heated SF: _____ Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: Slab: _____

General Contractor Information

Schumacher Homes of NC, Inc.
Building Contractor's Company Name
6815 Fayetteville Rd, Ste. 04, Durham, NC 27713
Address

919-724-4465
Telephone
aallen@schumacherhomes.com
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Signature of Owner/Contractor/Officer(s) of Corporation

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License #

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

Mechanical/HVAC Contractor Information

Description of Work HVAC work for SFD
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5420 Old Poole Rd, Raleigh, NC 27610
Address

919-878-8800
Telephone
kimberly@airmakers.com
Email Address
9809
License #

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

Plumbing Contractor Information

Description of Work Plumbing for SFD
Allmax Plumbing
Plumbing Contractor's Company Name
2428 Reliance Ave, Apex, NC 27539
Address

Baths 2.5
919-678-0111
Telephone
vicky@all-maxplumbing.com
Email Address
17518
License #

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Insulation 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)

1. Do you own the land on which this building will be constructed? ___ Yes ___ No
2. 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
4. 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.

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

4/6/11
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: Schumacher Homes of NC, Inc

Sign w/Title: Alyssa Allen, Customer Coordinator Date: 4/6/11



CERTIFICATE OF LIABILITY INSURANCE

OP ID CV

DATE (MM/DD/YYYY)

01/06/11

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).

PRODUCER Maconachy-Stradley Insurance 3205 Bretton St. NW Suite 100 North Canton OH 44720 Phone: 330-966-5170 Fax: 330-966-1075	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #: SCHUM-1	
INSURED Schumacher Homes of North Carolina, Inc. 2715 Wise Ave NW Canton OH 44708	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	Cincinnati Insurance Co NAIC # 10677
	INSURER B:	
	INSURER C:	
	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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CPP0890539	01/01/11	01/01/12	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10000
						PERSONAL & ADV INJURY \$ 1000000
	GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 1000000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 1000000
						\$
A	AUTOMOBILE LIABILITY		CPP0890539	01/01/11	01/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ 500000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS			\$			
<input checked="" type="checkbox"/> NON-OWNED AUTOS			\$			
						\$
						\$
A	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	CPP0890539	01/01/11	01/01/12	EACH OCCURRENCE \$ 3000000
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 3000000
	DEDUCTIBLE					\$
	RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		CPP0890539	01/01/11	01/01/12	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1000000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$ 1000000

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

CERTIFICATE HOLDER

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
	Robert D. Stradley <i>Robert D Stradley</i>

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