

Initial Application Date: 2-1-17

Application # M50040672

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: Thomas & Rye Galloway Mailing Address: 935 Stone Cross Dr
City: Spring Lake State: NC Zip: 28390 Contact No: 910-261-0269 Email: tgalloway64@gmail.com

APPLICANT*: Same Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Thomas Galloway Phone # 910 261-0269

PROPERTY LOCATION: Subdivision: Thomas Lasater Lot #: _____ Lot Size: 3.2

State Road # _____ State Road Name: Tirzah Dr. Map Book & Page: 2017, 9

Parcel: 100040 0109 76 PIN: 0549-59-3878.000

Zoning: RA30 Flood Zone: - Watershed: - Deed Book & Page: 1134, 822 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:
 SFD: (Size 85' x 70') # Bedrooms: 3 # Baths: 2 1/2 Basement (w/wo bath): _____ Garage: Deck: Crawl Space: Slab: _____ Slab: _____
(Is the bonus room finished? () yes no w/ a closet? () yes () no (if yes add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built?) Deck: _____ (site built?)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes no

Does the property contain any easements whether underground or overhead () yes no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:	Comments:
Front Minimum <u>35'</u> Actual <u>92</u>	_____
Rear <u>25'</u> <u>263</u>	_____
Closest Side <u>10'</u> <u>75</u>	_____
Sidestreet/corner lot _____	_____
Nearest Building on same lot _____	_____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: US 421 North 1.76 miles
Left onto Tirzah Drive
End .57 miles on Right

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

[Signature]
Signature of Owner or Owner's Agent

1 Feb 2017
Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued

NAME: Thomas & Rye Gallaway

APPLICATION #: 40672

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # 020422-UR

2-2-17

Environmental Health New Septic System Code 800

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted Innovative Conventional Any
 Alternative Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES NO Does the site contain any Jurisdictional Wetlands?
 YES NO Do you plan to have an irrigation system now or in the future?
 YES NO Does or will the building contain any drains? Please explain. _____
 YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 YES NO Is any wastewater going to be generated on the site other than domestic sewage?
 YES NO Is the site subject to approval by any other Public Agency?
 YES NO Are there any Easements or Right of Ways on this property?
 YES NO Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.

I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

1 Feb 2017

09/09/11

Application #

1750040672

Harnett County Central Permitting
PO Box 85 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.

Application for Residential Building and Trades Permit

Owner's Name Thomas and Rye Galloway Date 8/16/17
Site Address Tirzah Dr, Lillington, NC Phone 910-436-5176
Directions to job site from Lillington Head W on E Front St. toward S 1st St;
Continue on US 421 N; (L) onto Tirzah Dr.

Subdivision Thomas Lasater Lot 5
Description of Proposed Work New SFD # of Bedrooms 3
Heated SF 3012 Unheated SF 1097 Finished Bonus Room? No Crawl Space Yes Slab No

General Contractor Information

Schumacher Homes of NC, Inc. 919-724-4465/919-618-8579
Building Contractor's Company Name Telephone
182 W. Hamlin Rd, Benson, NC 27504
Address Email Address aallen@schumacherhomes.com
58362 Alyssa Allen
License #

Electrical Contractor Information

Description of Work New electrical Service Size 200 Amps T-Pole X Yes No
Raleigh Lanehart Electric
Electrical Contractor's Company Name Telephone 919-303-6266
1120 Burma Dr, Apex, NC 27539
Address Email Address verlinda@lanehart.com
24986 Verlinda Lanehart
License #

Mechanical/HVAC Contractor Information

Description of Work New Electric Furnace w/ H spec Heat Pump
Airmakers Heating and Air Conditioning 919-878-8800
Mechanical Contractor's Company Name Telephone
5420 Old Poole Rd, Raleigh, NC 27610
Address Email Address kimberly@airmakers.com
9809
License #

Plumbing Contractor Information

Description of Work New Plumbing # Baths 3.5
Pete Wall Plumbing 336-373-8345
Plumbing Contractor's Company Name Telephone
835 Winston St., Greensboro, NC 27405
Address Email Address petewallplumbing835@gmail.com
1714
License #

Insulation Contractor Information

Insulating Inc., 1212 Home Ct, Raleigh, NC 919-772-9000
Insulation Contractor's Company Name & Address Telephone
27603

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

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General Contractor Information

Schumacher Homes of NC, Inc.
Building Contractor's Company Name
182 W. Hamlin Rd, Benson, NC 27504
Address
58362
License #

919-724-4465 / 919-618-8579
Telephone
aallen@schumacherhomes.com
Email Address

Electrical Contractor Information

Description of Work New electrical
Raleigh Lanehart Electric
Electrical Contractor's Company Name
1120 Burma Dr, Apex, NC 27539
Address
24986
License #

Service Size 200 Amps T-Pole X Yes No
919-303-6266
Telephone
verlinda@lanehart.com
Email Address

Mechanical/HVAC Contractor Information

Description of Work New Electric Furnace w/ Ht seer Heat Pump
Airmakers Heating and Air Conditioning
Mechanical Contractor's Company Name
5420 Old Poole Rd, Raleigh, NC 27612
Address
9809
License #

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

Plumbing Contractor Information

Description of Work New Plumbing
Pete Wall Plumbing
Plumbing Contractor's Company Name
835 Winston St., Greensboro, NC 27405
Address
1714
License #

Baths 3.5
336-373-8345
Telephone
petewallplumbing835@gmail.com
Email Address

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General Contractor Information

Schumacher Homes of NC, Inc. 919-724-4405 / 919-618-8579
Building Contractor's Company Name Telephone
182 W. Hamlin Rd, Benson, NC 27504 aallen@schumacherhomes.com
Address Email Address
58362
License #

Electrical Contractor Information

Description of Work New electrical Service Size 200 Amps T-Pole X Yes No
Raleigh Lanehart Electric 919-303-6266
Electrical Contractor's Company Name Telephone
1120 Burma Dr, Apex, NC 27539 verlinda@lanehart.com
Address Email Address
24986
License #

Mechanical/HVAC Contractor Information

Description of Work New Electric Furnace w/ H seer Heat Pump
Airmakers Heating and Air Conditioning 919-878-8800
Mechanical Contractor's Company Name Telephone
5420 Old Poole Rd, Raleigh, NC 27610 kimberly@airmakers.com
Address Email Address
9809
License #

Plumbing Contractor Information

Description of Work New Plumbing # Baths 3.5
Pete Wall Plumbing 336-373-8345
Plumbing Contractor's Company Name Telephone
835 Winston St., Greensboro, NC 27405 petewallplumbing835@gmail.com
Address Email Address
1714 James O Wall III 711/117
License #

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Insulating Inc., 1212 Home Ct, Raleigh, NC 919-772-9000
Insulation Contractor's Company Name & Address Telephone
27603

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Pete Wall Plumbing Telephone 336-373-8365
Plumbing Contractor's Company Name
835 Winston St., Greensboro, NC 27405 Email Address pewallplumbing835@gmail.com
Address
1714
License #

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Insulation Contractor's Company Name & Address
License # 11972 Herald Jaffin 27603 Email Address gerald@insulatinginc.com

*NOTE General Contractor 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

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

8/16/17
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 Oler* Customer Coordinator Date 8/16/17



CERTIFICATE OF LIABILITY INSURANCE

SCHUM-1

OP ID: AK

DATE (MM/DD/YYYY)

01/05/2017

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 Robert D. Stradley		CONTACT NAME: Annmarie King PHONE (A/C, No, Ext): 330-966-5170 E-MAIL ADDRESS: annmarie@msinsagency.com FAX (A/C, No): 330-966-1075	
INSURED Schumacher Homes of North Carolina Inc 2715 Wise Ave NW Canton, OH 44708		INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 10677	

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 WYVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP0890539	01/01/2017	01/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CFA0890539	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CPP0890539	01/01/2017	01/01/2020	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC2136602-02	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
			N/A			

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

CERTIFICATE HOLDER**CANCELLATION**

**** INFORMATION ONLY ****

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



CERTIFICATE OF LIABILITY INSURANCE

SCHUM-1

OP ID: AK

DATE (MM/DD/YYYY)

01/05/2017

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PRODUCER
Maconachy-Stradley Insurance
 3205 Bretton St. NW Suite 100
 North Canton, OH 44720
 Robert D. Stradley

CONTACT NAME: Annmarie King
PHONE (A/C, No, Ext): 330-966-5170
FAX (A/C, No): 330-966-1075
E-MAIL ADDRESS: annmarie@msinsagency.com

INSURED
Schumacher Homes of North Carolina Inc
 2715 Wise Ave NW
 Canton, OH 44708

INSURER(S) AFFORDING COVERAGE
INSURER A: Cincinnati Insurance Co
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

NAIC #
 10877

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