

09/09/11

Application #

41040

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 Alexis and Amanda Ramos Date _____
Site Address 275 Cottle Lake Dr., Coats, NC 27521 Phone 910-984-0103

Directions to job site from Lillington 421 to Crawford Rd (left); Left on Harvell Rd;
Right on Bidehill Rd; Left on Cottle Lake Dr.

Subdivision Cottleston Estates Lot 23
Description of Proposed Work New SFD # of Bedrooms 4
Heated SF 2732 Unheated SF 657 Finished Bonus Room? No Crawl Space Yes Slab No

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 Service Size 200 Amps T-Pole Yes No
Raleigh Lanehart Electric
Electrical Contractor's Company Name
1120 Burma Dr, Apex, NC 27539
Address
24986
License #

919-303-6266
Telephone
verlinda@lanehart.com
Email Address

Mechanical/HVAC Contractor Information

Description of Work New Electric Furnace w/ H seer Heat Pump
Airmakers Heating and Air Conditioning
Mechanical Contractor's Company Name
5420 Old Poole Rd, Raleigh, NC 27610
Address
9809
License #

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

Plumbing Contractor Information

Description of Work New Plumbing # Baths 3.5
Pete Wall Plumbing
Plumbing Contractor's Company Name
835 Winston St., Greensboro, NC 27405
Address
1714
License #

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

Insulation Contractor Information

Insulating Inc., 1212 Home Ct., Raleigh, NC
Insulation Contractor's Company Name & Address
License # 11972 Gerald Taylor 27603

919-772-9000
Telephone
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 Allen
Signature of Owner/Contractor/Officer(s) of Corporation

7/18/17
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 Allen Customer Coordinator Date 7/18/17

LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent Stewart Title Guarantee Company

Mailing address of Agent 19 W. Hargett St., Ste. 507
Raleigh, NC 27601

Physical address of Agent Same as above

Telephone 888-690-7384 Fax 913-489-5231

Email support@liensnc.com

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

“(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.”

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 686568

Filed on: 07/13/2017

Initially filed by: schumacherhomes

Designated Lien Agent

Stewart Title Guaranty Company

Online: www.liensnc.com ([http://www.liensnc.com](mailto:support@liensnc.com))

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Project Property

Parcel ID Number: 070589010227
275 Cottle Lake Dr
Coats, NC 27521
Harnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Alexis and Amanda Ramos
304 N. 11th Street
Erwin, NC 28339
United States
Email: aramos6108@gmail.com
Phone: 910-984-0103

Date of First Furnishing

07/31/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384



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
	INSURER(S) AFFORDING COVERAGE	
INSURED Schumacher Homes of North Carolina Inc 2715 Wise Ave NW Canton, OH 44708	INSURER A : Cincinnati Insurance Co	NAIC # 10677
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 INSR	SUBR WVD	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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CPA0890539	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"/> EXCESS LIAB OCCUR 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		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			

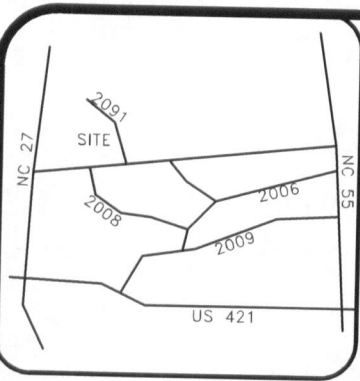
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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



- LEGEND**
- AC=AIR CONDITIONING UNIT
 - BOC=BACK OF CURB
 - DW=CONC DRIVEWAY
 - EB=ELECTRIC BOX
 - EOP=EDGE OF PAVEMENT
 - P=PATIO
 - PO=PORCH
 - SCO=CLEANOUT
 - SW=SIDEWALK
 - TP=TELEPHONE PEDESTAL
 - WM=WATER METER
 - IRON PIPE FOUND
 - IRON PIPE SET
 - NAIL SET

- SETBACKS**
- FRONT 35'
 - SIDE 10'
 - REAR 25'
 - SIDE STREET 20'
 - MAX HEIGHT 35'

THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

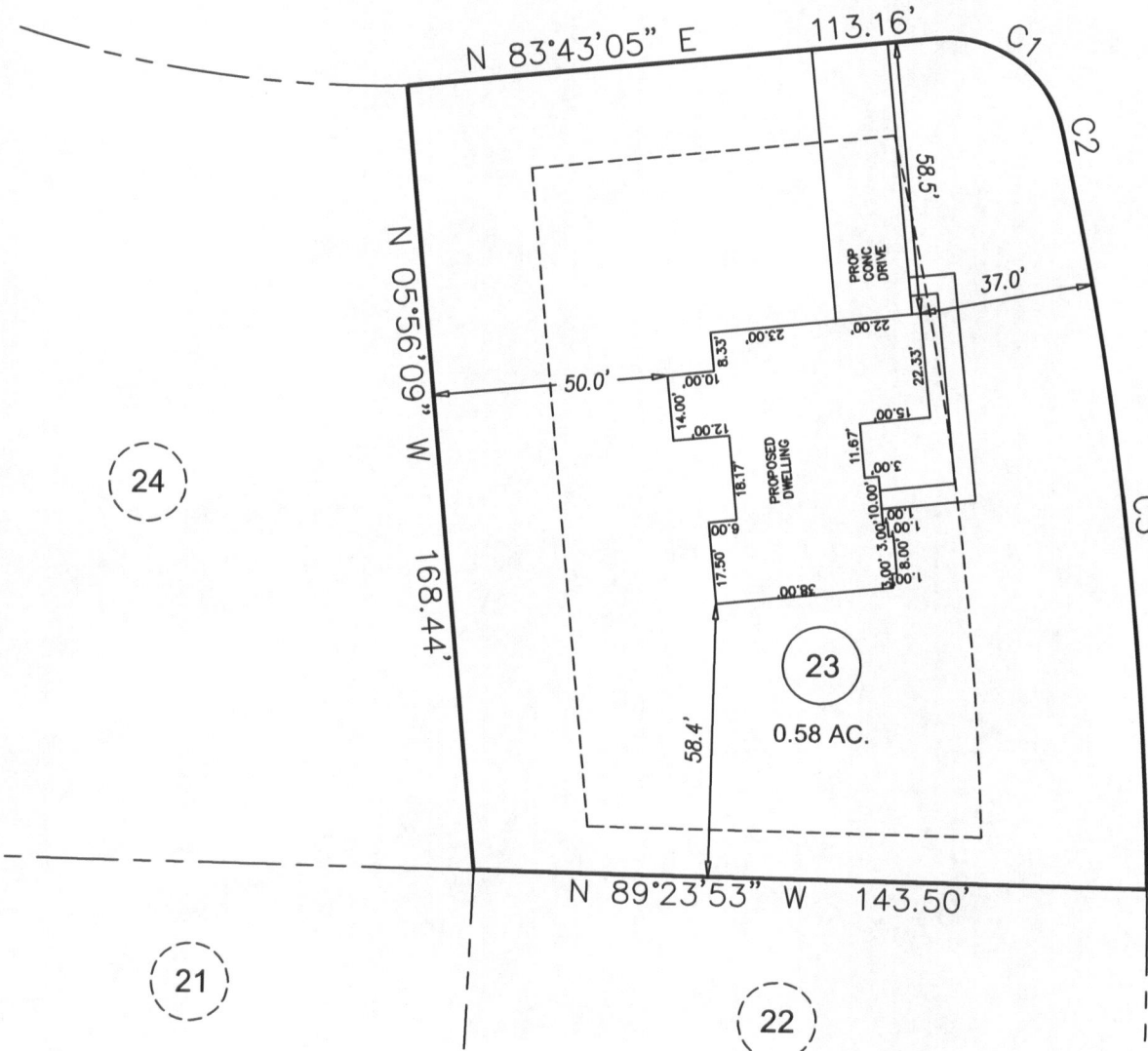
SHAWN T. RUMBERGER, PLS L-4909 DATE

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	36.71	25.00	S54°30'47"E	33.50
C2	5.26	625.00	S12°40'55"E	5.26
C3	158.36	800.00	S07°15'55"E	158.10

VICINITY MAP (NTS)

VIC M'CLOUD COURT
50' R/W

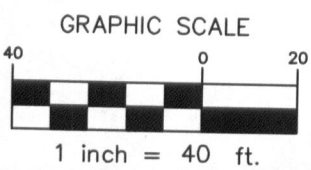


COTTLE LAKE DRIVE
50' R/W

24

23
0.58 AC.

22



IMPERVIOUS AREA

HOUSE	2,343 SQ.FT.
DRIVE	878 SQ.FT.
WALK	283 SQ.FT.
TOTAL	3,504 SQ.FT.

PRELIMINARY
PLOT PLAN

ECL	PROJECT:	17-014 ROMAS
	DRAWN BY:	APS
	SCALE:	1"=40'
	DATE:	7-6-17

FOR
SCHUMACHER HOMES
275 COTTLE LAKE DRIVE
LOT 23 COTTLESTONE ESTATES SUBDIVISION
GROVE TWP., HARNETT CO., NC
P.B. 2001, PG. 912

ECL GLOBAL
U.S. VETERAN-OWNED
19 N MCKINLEY ST
COATS, NC 27521
910.897.3257 ECLINC.COM
910.897.2329 (FAX) CO#C-4175

PLAT NORTH
PB 2001, PG 912