



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

*** Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.**

Application for Residential Building and Trades Permit

Owner's Name: James Barnes Jr-Ayonna Barnes Date 8/10/21
Site Address: 1092 Old Stage Rd South, Erwin, NC 28339 Phone (910) 551-5481
Subdivision: n/a Lot 2
Description of Proposed Work: new SFD Total Job Cost \$404,693

General Contractor Information

Schumacher Homes of NC, Inc. 919-724-4465
Building Contractor's Company Name Telephone
182 W Hamlin Rd, Benson, NC 27504 aallen@schumacherhomes.com
Address Email Address
58362 **HEATED SQ FT** 2480 **GARAGE SQ FT** 473
License #

Electrical Contractor Information

Description of Work new SFD electrical Service Size: 200 Amps T-Pole: X Yes ___ No
Arquijo Electric (919) 264-8287
Electrical Contractor's Company Name Telephone
4424 River Edge Dr, Raleigh, NC 27604 arquijo.electric@gmail.com
Address Email Address
29-138-U
License #

Mechanical/HVAC Contractor Information

Description of Work new SFD mechanical
Ultimate Comfort (919) 803-3544
Mechanical Contractor's Company Name Telephone
1508 S Saunders St ultimatecomforthvac@gmail.com
Address Email Address
30531 / H2-H3 I
License #

Plumbing Contractor Information

Description of Work new SFD plumbing # Baths 3.5
A & R Plumbing (919) 609-3650
Plumbing Contractor's Company Name Telephone
224 Clearwater Dr., Smithfield, NC 27577 arplumbingllc@gmail.com
Address Email Address
34300
License #

Insulation Contractor Information

Insulating Inc., 1212 Home Court, Raleigh, NC 27603 (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.

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

8/20/21
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: Alyssa Allen Customer Coordinator Date: 8/20/21



CERTIFICATE OF LIABILITY INSURANCE

SCHUM-1

OP ID: TN

DATE (MM/DD/YYYY)
12/09/2019

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: Tammy L Norris, CIC PHONE (A/C, No, Ext): 330-966-5170 E-MAIL ADDRESS: tn@macstrad.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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		EPP0560351	01/01/2020	01/01/2021	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 ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		EPP0560351	01/01/2020	01/01/2021	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 <input type="checkbox"/> RETENTION \$		EPP0560351	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	EWC0464872-01	01/01/2020	01/01/2021	<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

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

DO NOT REMOVE!

Details: Appointment of Lien Agent
Entry #: 1504997

Filed on: 07/16/2021
Initially filed by: schumacherhomes

Designated Lien Agent

Stewart Title Guaranty Company

Online: www.liensnc.com www.laydellfraser.com

Address: 223 S. West Street, Suite 900 /
Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com support@laydellfraser.com

Project Property

1092 Old Stage Rd South
Erwin, NC 28339
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

James Barnes Jr and Ayonna Barnes
25 Lake Forest Ct
Four Oaks, NC 27524
United States
Email: jbabsep20@gmail.com
Phone: 910-551-5481

Date of First Furnishing

08/20/2021

View Comments (0)

Technical Support Hotline: (888) 690-7384