



Application # _____

Harnett County Central Permitting
PO Box 65 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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: Mark Maedae Date: 6-10-20
Site Address: 4687 NC Hwy 27 Phone: 910-723-2043
Subdivision: _____ Lot: _____
Description of Proposed Work: SFD Total Job Cost: _____

General Contractor Information

Schumacher Homes of NC 919-324-1552
Building Contractor's Company Name Telephone
182 W Hamlin Rd, Benson 27504
Address Email Address
58362

Electrical Contractor Information

Description of Work Wire home Service Size: 200 Amps T-Pole: Yes No
Araujo Electric 919-264-8287
Electrical Contractor's Company Name Telephone
4424 RiverEdge Dr. Raleigh araujo.electric@gmail.com
Address Email Address
29-138U
License #

Mechanical/HVAC Contractor Information

Description of Work Install HVAC system
Ultimate Comfort 919-803-3544
Mechanical Contractor's Company Name Telephone
1508 S Saunder St. Raleigh ultimatecomforthvac@gmail.com
Address Email Address
34300
License #

Plumbing Contractor Information

Description of Work Plumb whole house # Baths 2
A+R Plumbing 919-609-3650
Plumbing Contractor's Company Name Telephone
224 Clearwater Dr. Smithfield joriandkyp@hotmail.com
Address Email Address
3051
License #

Insulation Contractor Information

Insulating Inc 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.

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

6-10-20
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: Natalie Quintal / Permits Coordinator Date: 6-10-20

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1253229

Filed on: 06/08/2020

Initially filed by: schumacherhomes

Designated Lien Agent

Stewart Title Guaranty Company

Online: www.liensnc.com

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

Project Property

4687 W. NC hwy 27
Lillington, NC 27546
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

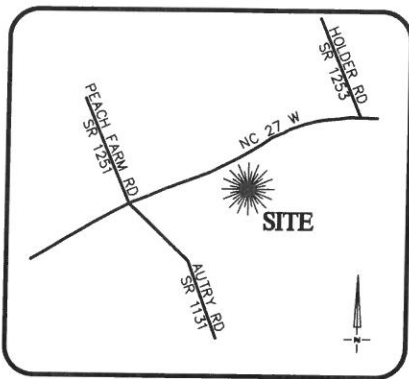
Christina Maedge
223 Angel Oak Drive
Bunnlevel, NC 28323
United States
Email: christinalynne8318@gmail.com
Phone: 910-723-2043

Date of First Furnishing

06/24/2020

View Comments (0)

Technical Support Hotline: (888) 690-7384



VICINITY MAP
Not To Scale

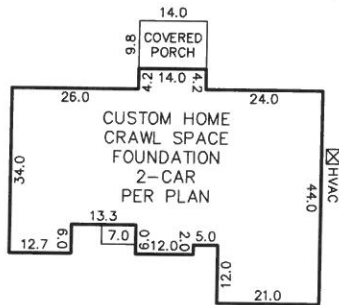
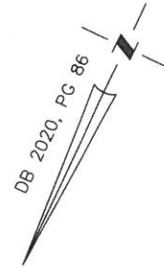


IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
HOUSE w/ PORCH	2,383 S.F.
PORCH/PATIO/HVAC	147 S.F.
DRIVEWAY & WALKS	3,260 S.F.
TOTAL (PROPOSED)=	5,790 S.F.
LOT AREA =	238,516 S.F.
% IMPERVIOUS AREA	=2.4%

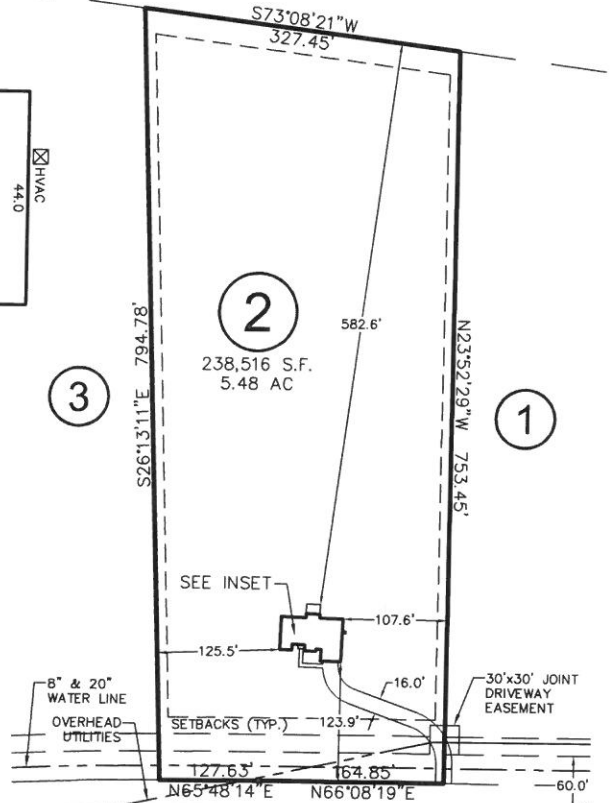
SETBACKS: (ZONED RA-30)

FRONT - 35' FROM R/W
SIDE - 10'
CORNER SIDE - 20'
REAR - 25'

N/F
JOHN M. WOMBLE, JR
D.B. 2070, PG. 628



INSET
N.T.S.



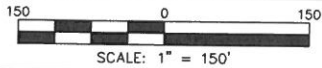
NC HWY 27 W

60' PUBLIC R/W

THIS DRAWING DOES NOT
REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED
RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND
RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED



SCALE: 1" = 150'

**RESIDENTIAL
LAND SERVICES, PLLC.**

1917 Evans Road
Cary, North Carolina 27513
Phone (919) 378-9316
Firm License # P-0873

HOUSE LOCATION PLOT PLAN

FOR
#4867 NC HWY 27 W
LOT 2, NC FARMS, LLC

Upper Little River Township, Harnett County, North Carolina

PROPERTY OF: SCHUMACHER HOMES

MAP BOOK 2020 PAGE 86 DEED REFERENCE _____

DRAWN BY: ADP

DATE: MAY 21, 2020



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

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 SUBR INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		EPP0560351	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 600,000 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
GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC						
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS	SCHEDULED AUTOS 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	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE	EPP0560351	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
DED RETENTION \$						
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	EWC0464872-01	01/01/2020	01/01/2021	X WC STATUTORY LIMITS OTH-ER 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