



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

**Application for Residential Building and Trades Permit**

Owner's Name: Todd & Jennifer Taylor Date: 4/5/21  
Site Address: TR #5 Josey Williams Rd. Phone: 910-729-9429  
Subdivision: N/A Lot: 5  
Description of Proposed Work: New SFD Total Job Cost: \$433,480

**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 3,189** **GARAGE SQ FT 489**  
License #

**Electrical Contractor Information**

Description of Work Electrical work Service Size: 400 Amps T-Pole:  Yes  No  
TW Electric 919-524-7384  
Electrical Contractor's Company Name Telephone  
541 Graham Pond Rd, Angier, NC 27501 twelectricsvc@gmail.com  
Address Email Address  
19725-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC  
Ultimate Comfort 919-803-3544  
Mechanical Contractor's Company Name Telephone  
1508 S. Saunders St, Raleigh, NC ultimatecomforthvac@gmail.com  
Address Email Address  
3051/H2, H3  
License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 2.5  
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 Ct, Raleigh, NC 919-772-9000  
Insulation Contractor's Company Name & Address Telephone  
27603

**\*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 Ollie*  
Signature of Owner/Contractor/Officer(s) of Corporation

4/5/21  
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 Ollie* Customer Coordinator Date: 4/5/21



SCHUM-1

OP ID: TN

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2020

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 have **ADDITIONAL INSURED** provisions or 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

330-966-5170

**CONTACT NAME:** Tammy L Norris, CIC

**PHONE (A/C, No, Ext):** 330-966-5170

**FAX (A/C, No):** 330-966-1075

**E-MAIL ADDRESS:** tn@macstrad.com

**INSURER(S) AFFORDING COVERAGE**

**INSURER A:** Cincinnati Insurance Co

**NAIC #**  
10677

**INSURER B:**

**INSURER C:**

**INSURER D:**

**INSURER E:**

**INSURER F:**

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

### 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			EPP0560351	01/01/2021	01/01/2022	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 \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			EPP0560351	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			EPP0560351	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			EWC0464872-01	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

**FORINFO**

\*\*\*\* INFORMATION ONLY \*\*\*\*

### 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



DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 1431219

Filed on: 03/31/2021

Initially filed by: schumacherhomes

### Designated Lien Agent

Stewart Title Guaranty Company

**Online:** [www.liensnc.com](http://www.liensnc.com) url: www.liensnc.com

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

**Phone:** 888-690-7384

**Fax:** 913-489-5231

**Email:** [support@liensnc.com](mailto:support@liensnc.com) url: support@liensnc.com

### Project Property

TR#5 Josey Williams Rd  
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

Todd Taylor & Jennifer Taylor  
117 Wilson Run  
Bunn Level, NC 28323  
United States  
Email: [tetaylor5@gmail.com](mailto:tetaylor5@gmail.com)  
Phone: 910-729-9429

### Date of First Furnishing

04/19/2021

View Comments (0)

Technical Support Hotline: (888) 690-7384