



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: Lorena Ruiz Devane ? Marquis Devane Date 4/4/23

Site Address Lot 1 Bombo Dr, Lillington Phone 27332

Subdivision: N/A Lot 1

Description of Proposed Work: New Construction. SFP. Total Job Cost \$684,352.00

General Contractor Information

Schumacher Homes
Building Contractor's Company Name
182 W Hamlin Blvd. Benson NC
Address
5836a
License #

919-701-5674
Telephone
Buagie@schumacherhomes
Email Address
Car

HEATED SQ FT 3215 **GARAGE SQ FT** 489

Electrical Contractor Information

Description of Work Electrical
TW electric
Electrical Contractor's Company Name
541 Graham pond rd, Angier NC
Address
19725L
License #

Service Size: 200 Amps T-Pole: Yes No
919-524-7384
Telephone
TWelectricSvc@gmail.com
Email Address

Mechanical/HVAC Contractor Information

Description of Work Hvac
Ultimate Comfort.
Mechanical Contractor's Company Name
1508 S Saunders St Raleigh NC
Address
30531
License #

919-803-3544
Telephone
UltimateComfortHvac@gmail.com
Email Address

Plumbing Contractor Information

Description of Work Plumbing
A+R Plumbing
Plumbing Contractor's Company Name
224 Clearwater dr, Smithfield NC
Address
34300
License #

Baths _____
919-609-3650
Telephone
loriandkyo@hotmail.com
Email Address

Insulation Contractor Information


Insulating Inc.
Insulation Contractor's Company Name & Address

919-772-9000
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.


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

4/4/23
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:  (Customer Coordinator) Date: _____