



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

Application # \_\_\_\_\_

\* 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: Charles & Carol Harrell Date 2/21/24  
 Site Address: 397 Victoria Hills South, Fuquay Varina Phone 27332  
 Subdivision: N/A Lot 84  
 Description of Proposed Work: New Construction. SFP. Total Job Cost: \$386,441.00

**General Contractor Information**

Schumacher Homes  
 Building Contractor's Company Name  
182 W Hamlin Blvd. Benson NC  
 Address  
5836a  
 License #  
HEATED SQ. FT. 1374 GARAGE SQ. FT. 447  
919-701-5674  
 Telephone  
Bvaegle@schumacherhomes.com  
 Email Address

**Electrical Contractor Information**

Description of Work: Electrical Service Size: 200 Amps T-Pole:  Yes  No  
TW electric  
 Electrical Contractor's Company Name  
541 Graham Pond rd, Angier NC  
 Address  
19725L  
 License #  
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 # Baths: 2 1/2  
A+P Plumbing  
 Plumbing Contractor's Company Name  
224 Clearwater dr, Smithfield NC  
 Address  
34300  
 License #  
919-609-3650  
 Telephone  
loriana.kyo@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

2/21/24  
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: \_\_\_\_\_