

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

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

Application # 1150026367

**Application for Residential Building and Trades Permit**

Owner's Name: Cumberland Homes, Inc. Date: \_\_\_\_\_  
Site Address: Lot #35 Ashford Phone: 910-892-4345  
Directions to job site from Lillington: 27 West out of Lillington; (TL) on NC 24; (TR) on Marks Rd; (TL) into S/D on Ashford Way; Lot on Left  
Subdivision: Ashford Lot: 35  
Description of Proposed Work: Two story w/ Bonus # of Bedrooms: 3  
Heated SF: 2,274 Unheated SF: 592 Finished Bonus Room? 430 Crawl Space: \_\_\_\_\_ Slab:

**General Contractor Information**

Cumberland Homes, Inc. 910-892-4345  
Building Contractor's Company Name Telephone  
P.O. Box 727 Dunn, NC 28335 joannorris@centurylink.net  
Address Email Address  
[Signature] 59493  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information**

Description of Work New Residential Service Size: 200 Amps T-Pole:  Yes  No  
Wester & Pace Electric 919-499-5389  
Electrical Contractor's Company Name Telephone  
546 Leslie Dr. Sanford, NC N/A  
Address Email Address  
[Signature] 12007-U  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Cool Springs Services, Inc. 919-258-0415  
Mechanical Contractor's Company Name Telephone  
2200 Cool Springs Rd. Broadway, NC 27505 \_\_\_\_\_  
Address Email Address  
[Signature] 11542  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Plumbing Contractor Information**

Description of Work New Residential # Baths \_\_\_\_\_  
Curtis Faircloth Plumbing 910-531-3111  
Plumbing Contractor's Company Name Telephone  
5056 Elizabethwood Hwy. Roseboro, NC \_\_\_\_\_  
Address Email Address  
[Signature] 7269  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Insulation Contractor Information**

Tri-City Insulation 418 Person St. 910-486-8855  
Insulation Contractor's Company Name & Address Telephone  
Fay, NC

\*NOTE: General Contractor must fill out and sign the second page of this application.

### Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed?      \_\_\_ Yes    \_\_\_ No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?      \_\_\_ Yes    \_\_\_ No
3. Do you intend to directly control & supervise construction activities?      \_\_\_ Yes    \_\_\_ No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?      \_\_\_ Yes    \_\_\_ No
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?      \_\_\_ Yes    \_\_\_ No

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 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

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.

Company or Name:

Sign w/Title:

Date: