

\* 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 for Residential Building and Trades Permit**

Owner's Name: Kenneth Cummings LLC Date: 3-28-16  
 Site Address: Ross McRae Drac Sub Div Lot 5 Phone: 910 984 6765  
 Directions to job site from Lillington: old 421 north about 3 mile or left

Subdivision: Ross McRae Drac Lot: 5  
 Description of Proposed Work: New House # of Bedrooms: 5  
 Heated SF: 3721 Unheated SF: 1499 Finished Bonus Room? yes Crawl Space:  Slab:

**General Contractor Information**

CEBIO CONST. INC 910 984-6765  
 Building Contractor's Company Name Telephone  
670 Griffin Rd Lillington NC 27546 KLO.MCC@CHARTEL.NET  
 Address Email Address  
14856  
 License #

**Electrical Permit Information**

Description of Work NEW HOUSE Service Size: 200 Amps TPole: yes/no  
JM POPE ELECT 910 890-3655  
 Electrical Contractor's Company Name Telephone  
3483 Cameron Dr. 40770  
 Address License #  
Jama M. Pope #  
 Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work NEW HOUSE  
Carolina Comfort Air 419 333 4320  
 Mechanical Contractor's Company Name Telephone  
5212 US 70 W Clayton NC 27520 H3-29077  
 Address License #  
Phillip Powell  
 Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New House # Baths \_\_\_\_\_  
Jamie Johnson Plumbing 910 984 6277  
 Plumbing Contractor's Company Name Telephone  
1490 Clark Rd Lillington NC 27546 21649  
 Address License #  
Jamie Johnson  
 Signature of Officer(s) of Corporation

**Insulation Permit Information**

Blown In TC  
 Insulation Contractor's Company Name & Address Telephone

**\*NOTE: General Contractor 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

\_\_\_\_\_  
 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 Kenneth Cummings LLC

Sign w/Title Kenneth Cummings owner Date 3-28-16

Harnett County Central Permitting  
PO Box 85 Lillington NC 27548  
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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Must be owner or licensed  
contractor Address company  
name & phone must match

**Application for Residential Building and Trades Permit**

Owner s Name \_\_\_\_\_ Date \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Building Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_ Yes \_\_\_ No

Electrical Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

Mechanical Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor s Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

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