

09/09/11

Application #

17-50041842

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 or licensed contractor Address company name & phone must match

**Application for Residential Building and Trades Permit**

Owner's Name ROB AND KAREN STONE Date 15-AUG-2017  
 Site Address TBD HWY 27 WEST LILLINGTON \* Phone 919-770-4693  
 Directions to job site from Lillington HWY 27 WEST TOWARDS WESTERN HARNETT (BRAD)  
JOB ON LEFT PAST MIDDLE SCAFFOLD AND HIGH SCAFFOLD  
\* LOCATED IN FIELD BEHIND - 11435 HWY 27 W  
 Subdivision NA Lot \_\_\_\_\_  
 Description of Proposed Work NEW SINGLE FAMILY # of Bedrooms \_\_\_\_\_  
 Heated SF 2150 Unheated SF 546 Finished Bonus Room? YES Crawl Space YES Slab \_\_\_\_\_

**General Contractor Information**

BRAD D. CUMMINGS CONST. CO. INC. 919-770-4693  
 Building Contractor's Company Name Telephone  
PO Box 145 SANFORD NC  
 Address Email Address  
68866  
 License #

**Electrical Contractor Information**

Description of Work NEW ELECTRICAL Service Size 200 Amps T-Pole  Yes  No  
PIONEER ELECTRIC 919-499-7767  
 Electrical Contractor's Company Name Telephone  
80 NEIL THOMAS RD LILLINGTON  
 Address Email Address  
21643  
 License #

**Mechanical/HVAC Contractor Information**

Description of Work 2 - HVAC SYSTEMS  
CAROLINA AIR 910-947-7707  
 Mechanical Contractor's Company Name Telephone  
3700 US 15-501 CHARITAGE  
 Address Email Address  
23549  
 License #

**Plumbing Contractor Information**

Description of Work NEW PLUMBING # Baths 3  
WAGNER PLUMBING 910-890-2299  
 Plumbing Contractor's Company Name Telephone  
555 TIRZAH DR LILLINGTON  
 Address Email Address  
31576  
 License #

**Insulation Contractor Information**

TRI CITY INSULATION 910-486-8855  
 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

15-AUG-2017

**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 BRAUN D. Cummings

Sign w/Title

Date 15-AUG-2017