

* 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

Application # _____

Revision from 4 Bdrm to 3 Bdrm.

#17-50042714

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Cumberland Homes, Inc Date: 1/17/17 2/15/18
Site Address: Lot #133 302 Grenade Way Phone: 910-892-4345
Directions to job site from Lillington: 401 N Towards Enclave TR onto Ballard Rd TR into Ballard Woods TR onto Grenade Way Lot on Right at end of street
Subdivision: Ballard Woods Lot: 133
Description of Proposed Work: NSF # of Bedrooms: 3
Heated SF: 2549 Unheated SF: 312 Finished Bonus Room? _____ Crawl Space: _____ Slab:

General Contractor Information

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

Electrical Contractor Information

Description of Work New Residential Service Size 200 Amps T-Pole: Yes _____ No
Wester & Pace Electric
Electrical Contractor's Company Name 919-499-5389 Telephone
546 Leslie Dr. Sanford, NC Address N/A Email Address
William Wester Signature of Owner/Contractor/Officer(s) of Corporation 12007-11 License #

Mechanical/HVAC Contractor Information

Description of Work New Single Family Residential
Certified Heating & Air, LLC
Mechanical Contractor's Company Name 910-818-0600 Telephone
P.O. Box 1071 Hope Mills, NC 28348 Address N/A Email Address
Larry Parker Signature of Owner/Contractor/Officer(s) of Corporation 20012 License #

Plumbing Contractor Information

Description of Work New Residential # Baths 3
Glover Contract Plumbing
Plumbing Contractor's Company Name 910-531-3111 Telephone
Address _____ Email Address _____
[Signature] Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Insulation Contractor Information

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

*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.

Wally Key
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 Cumberland Homes, Inc.
Sign w/Title Wally Key Pres. Date 1/17/17