

Harnett County Central Permitting
PO Box 85 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 Cumberland Homes, Inc. Date 11/6/17
Site Address 49 Trophy Ridge, Fuquay-Varina, NC Phone 910-892-4345
Directions to job site from Lillington Take 401 N to Christian Light Rd. TL
Continue to Rollins Rd TR to Sub on Left

Subdivision The Reserve Lot 20
Description of Proposed Work NSF # of Bedrooms 3
Heated SF 2342 Unheated SF 1192 Finished Bonus Room? Yes Crawl Space Slab

General Contractor Information

Cumberland Homes, Inc. 910-892-4345
Building Contractor's Company Name Telephone
P.O. Box 927 Dunn, N.C. 28335 ncrc2blldggroup@earthlink.net
Address Email Address
59493
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, N.C. N/A
Address Email Address
12007-U
License #

Mechanical/HVAC Contractor Information

Description of Work New Single Family
Stephenson H & A 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr. Garner, N.C. 27529
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work NSF # Baths 3
Glover Contract Plumbing, Inc. 919-868-0959
Plumbing Contractor's Company Name Telephone
304 Quail Hollow Ext, Sanford, N.C.
Address 27332 Email Address
23160
License #

Insulation Contractor Information

Insulating Inc. 5902 Fwy Rd. 919-772-9000
Insulation Contractor's Company Name & Address Telephone
Raleigh NC
27609

*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

Johnny Harris
Signature of Owner/Contractor/Officer(s) of Corporation

2/8/18
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 Camberland Homes, Inc.
Sign w/Title Johnny Harris (Pres) Date 10/6/17