



Application # 44340

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 information on license:

Application for Residential Building and Trades Permit

Owner's Name: BRAD D. CUMMINGS Date: 10-4-09
Site Address: 132 FUGUAY RD Phone: 919-770-4693
Subdivision: _____ Lot: _____
Description of Proposed Work: NEW SINGLE FAMILY RESIDENCE

General Contractor Information

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

Electrical Contractor Information

Description of Work NEW ELECTRICAL Service Size: 400 Amps T-Pole: Yes No
PIONEER ELECTRIC, INC. 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 NEW HVAC
CAROLINA AIR, INC. 910-947-7707
Mechanical Contractor's Company Name Telephone
3706 US 15 501 CARTHAGE _____
Address Email Address
23549 _____
License #

Plumbing Contractor Information

Description of Work NEW PLUMBING # Baths 3.5
WAGNER PLUMBING, INC. 910-890-2299
Plumbing Contractor's Company Name Telephone
555 TIRZAH DR LILLINGTON _____
Address Email Address
31576 _____
License #

Insulation Contractor Information

TIZI CITY 910-486-8855
Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner 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 10-AUG-2018

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.

Sign w/Title: : PREP

Date: 10-AUG-2018

