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 hamett org/permits

Application for Residential Building and Trades Permit

phone must match	/	/	1
Owner's Name Cumberland 7	omes Inc.	Date 9/18	18
Site Address P.O. T304 72	1 Durn, 7	C Phone 910-892-	4345
Directions to job site from Lillington TAKE	Haz 42/5	towards Buies	Goek.
The Neil's Creek	Pal. go appl	of 2 miles to	Sul.
on helt.	1. 19		
Subdivision South Gel	<u> </u>	Lot <u>37</u>	_ <del></del>
Description of Proposed Work		# of Bedrooms $_{\it 3}$	
		Crawl Space Slab _	
C.   General	Contractor Information	1.0 ROD 6711.	,
	LACI	<u>410-192-7543</u> Telephone	2
Building Contractor's Company Name P.O. BOS 727 DUMA No.	C. 28335	Norrisbuildingarou	11/2
Address	~ 20110_	Email Address Vahoo.	4
59493		yanoo.	COFFL
License #	Contractor Information		
Description of Work NEW Resident	Service Size	Amps T-Pole Ves_	_No
Wester + Dace Electric	<del></del> -	919-499-5380	7
Electrical Contractor's Company Name	(11	Telephone	
546 LEGUE Dr. Santo	rac, M.C.	Email Address	_
Address 12 <i>0</i> 07- <i>U</i>		Email Address	
License #			
Mechanical/HVAC Contractor Information			
Description of Work New Single	amly fesiole	entlex	
Stephenson Weating + Air	<del>,</del>	919-1319-0686 Telephone	_
Mechanical Contractor's Company Name 343 Shinwash Dr. Garner,	VIR 2757A -	releptione,	
Address	11c. a 1521	Email Address	- ,
20012			- •
License #	g Contractor Informatio	n	unsu
./ D . · //	e - Hal	# Baths	JUNIO
Description of Work APW KOSINE	alla Tal	a19-8/28-0954	3 HC
Plumbing Contractor's Company Name	114.	Telephone	4/1/2
304 Quail Hollow Ext	Santord, HC.	_NA	- UNA
Address	27332	Email Address	- 1 10 PV
<u>23160</u>	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
License # [insulation]	n Contractor Informatio		1, JY
INSULATING INC. 5902 1	arthrile Rd	914-112-900	
Insulation Contractor's Company Name & Addi	ess Ralizalith	Telephone	
	427/009		

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 - 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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner General Contractor 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

Sign w/Title

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