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

/ /	
Owners Name Cumberland Homes, Tre.	Date 8/1/19
Site Address 7 Lot 1 Cokesbury Rd.	Phone 910-842-4346
	Christian Light Ro
	e mites to lot on let
	The second
Subdivision Collections Rd.	Lot
Description of Proposed Work WSF	# of Bedrooms 4
Heated SF 2342 Unheated SF 1062 Finished Bonus Room? 455 Crawl Space Slab	
C. General Contractor Information	
Building Contractor's Company Name	910-892-4345
P.O. BOX 727 DUM, N.C. 28335	Telephone
Address	norrisbuildinggroupa Email Address
59493	yahoo.com
License #	,
Description of Work NEW Residential Service Size &	Amps T-Pole Vyes No
Wester + Pace Electric	919-499-5389
Electrical Contractor's Company Name	Telephone
546 Leslie Dr. Santord, N.C.	NA
12007-U	Email Address
License #	
Mechanical/HVAC Contractor Information	
Description of Work New Single Family Reside	ential
Mechanical Contractor's Company Name	919-329-0686
343 Shipwash Dr. Garner, N.C. 27529	Telephone
Address Address	Email Address
18644	
License #	
Description of Work New Residential	_
Color Contract Dunchus Tou	# Baths
Plumbing Contractor's Company Name	919-868-0959 Telephone
304 Quail Hollow Ext. Santord NC.	NA
Address 27332	Email Address
23160 License #	
Insulation Contractor Information	n .
INSULATING INC. 5902 FAIRTHING PA	919-172-9000
Insulation Contractor's Company Name & Address Ralizette	Telephone
127/09	

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 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

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