

SFD 2007-0055

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**

Owner's Name Cumberland Homes Date 9/8/20  
Site Address Oak Haven Dr. Hwy 3000 910-892-4345  
Directions to job site from Lillington 401 N TO CHRISTIAN LIGHT RD, TL  
GO TO CORSON RD, TL GO P Hwy 42 AT OAKVIEW, TL GO  
ABOUT 3 MILES TO SUBDIVISION ON RIGHT  
Subdivision Oak Haven Lot 10  
Description of Proposed Work NSF Dwelling # of Bedrooms 4  
Heated SF 2613 Unheated SF 923 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 727 Dunn, N.C. 28335 Norrisbuildinggroup@comcast.net  
Address Email Address  
59493  
License #

**Electrical Contractor Information**

Description of Work New Residential Service Size 200 Amps T-Pole  Yes  No  
JB Allen Electrical Service 919-232-1428  
Electrical Contractor's Company Name Telephone  
5810 Benson-Hardee Rd, Benson, NC 27504 N/A  
Address Email Address  
28206  
License #

**Mechanical/HVAC Contractor Information**

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

**Plumbing Contractor Information**

Description of Work New Residential # Baths 4  
Glover Contract Plumbing 919-868-0959  
Plumbing Contractor's Company Name Telephone  
304 Quail Hollow Ext. Sanford NC N/A  
Address Email Address  
23160  
License #

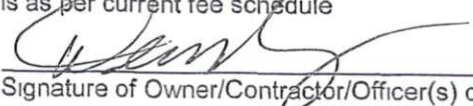
**Insulation Contractor Information**

Tatum Insulation 919-661-0999  
Insulation Contractor's Company Name & Address Telephone

\*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

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

9/8/20  
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

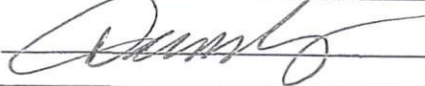
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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  Agent Date 9/8/20