

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 Holly Springs 910-892-4345
Directions to job site from Lillington 401 N TO CANTON LIGHT ROAD, TC
Go TO COKEBURY ROAD, TC GO TO Hwy 42 AT DUNCAN, TC, GO
Approx 3 miles to subdivision on right
Subdivision Oak Haven Lot 11
Description of Proposed Work NSF Dwelling # of Bedrooms 4
Heated SF 2722 Unheated SF 1068 Finished Bonus Room? yo 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@earthlink.com
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 919-232-1928
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

Date 9 / 8 / 20

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