



12011

Application # _____

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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: CUMBERLAND HOMES INC Date: 7/20/2021
Site Address: 342 OAKTAVEN, EL HOLY SPRING NC 27570 Phone: 910-892-4345
Subdivision: OAKTAVEN Lot: 12
Description of Proposed Work: NSF DWELLING Total Job Cost: \$238,000⁰⁰

General Contractor Information

CUMBERLAND HOMES INC 910-892-4345
Building Contractor's Company Name Telephone
PO Box 727 DUNN NC 28335 Norris building group nce@gmail.com
Address Email Address
59493 HEATED SQ FT 2677 GARAGE SQ FT 765
License #

Electrical Contractor Information

Description of Work NSF DWELLING Service Size: 200 Amps T-Pole: Yes No
JB ALLEN ELECTRICAL SERVICE 919-232-1928
Electrical Contractor's Company Name Telephone
5810 BENJAMIN HANCOCK ROAD BLENDEN NC jballen@electricnc.com
Address Email Address
28206
License #

Mechanical/HVAC Contractor Information

Description of Work NSF DWELLING
STEPHENSON HEATING + AIR CONDITIONING INC 919-422-2956
Mechanical Contractor's Company Name Telephone
343 STRIPWASH DRIVE GARNER NC stephenwhvac@aol.com
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work NSF DWELLING # Baths _____
Precision Plumbing, INC. 919-730-3773
Plumbing Contractor's Company Name Telephone
PO BOX 210 Goldsboro, NC _____
Address Email Address
51982
License #

Insulation Contractor Information

Topm INSULATION II, INC 919-333-4417
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]
Signature of Owner/Contractor/Officer(s) of Corporation

7/20/2021
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.

Sign w/Title: *[Signature]* (AGENT)

Date: 7/20/2021