

SFD 2007-0060

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 TMO RESIDENTIAL Date 9/8/20
Site Address OAK HAVEN DR Holly Springs 910-892-4345
Directions to job site from Lillington TAKE 401N TO CHAUTAUN LIGHT RD, TC
Go to COKOBY RD, TC Go to Hwy 42 at DENVER, TC
Go approx 3 miles to subdivision on LIGHT
Subdivision Oak Haven Lot 4
Description of Proposed Work NSF Dwelling # of Bedrooms 3
Heated SF 2478 Unheated SF 1144 Finished Bonus Room? YES Crawl Space Slab CHECK

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.com
Address 59493 Email Address
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 28206 Email Address
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 18644 Email Address
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 23160 Email Address
License #

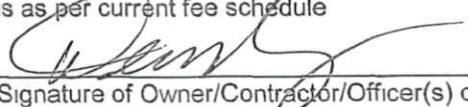
Insulation Contractor Information

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