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Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27646
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: TMO RESIDENTIAL PROPERTIES Date: 11/17/21
Site Address: 101 OAKHAVEN DRIVE HOLLY SPRING Phone: 910-892-4345
Subdivision: OAKHAVEN Lot: 40
Description of Proposed Work: NSF DWELLING Total Job Cost: \$228,000.00

General Contractor Information

CUMBERLAND HOMES INC Telephone: 910-892-4345
Building Contractor's Company Name
PO Box 727 DUNN NC 28335 Email Address: Darris Building Group nce@gmail.com
Address
59493 2250 582
License #

Electrical Contractor Information

Description of Work: NSF DWELLING Service Size: 200 Amps T-Pole: Yes No
Wester & Pace Electrical Telephone: 919-499-5389
Electrical Contractor's Company Name
546 Leslie Dr. Sanford, NC Email Address: williamwester@gmail.com
Address
12007-U
License #

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work: NSF DWELLING # Baths: _____
PRECISION PLUMBING INC Telephone: 919-736-3723
Plumbing Contractor's Company Name
PO Box 216 GARDNER NC Email Address: _____
Address
51982
License #

Insulation Contractor Information

TARM INSULATION II, INC Telephone: 919-333-4417
Insulation Contractor's Company Name & Address

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

11/17/21
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: 11/17/21