

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 information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Dayton William Holder Jr Pamela Wade Holder Date: Nov 11 - 2020  
 Site Address: 7329 Over Hill RD Spriggs Lake NC 28380 Phone: 910 263-0082  
 Subdivision: private Lot: 1  
 Description of Proposed Work: New House

**General Contractor Information**

CERCO CONST. INC 910 984-6765  
 Building Contractor's Company Name Telephone  
630 Grattin RD Lillington NC 27546 KAC MGC@charter-net  
 Address Email Address  
14856  
 License #

**Electrical Permit Information**

Description of Work NEW HOUSE Service Size: 200 Amps TPole: yes/no  
JM POPE ELECT 910 890-3655  
 Electrical Contractor's Company Name Telephone  
3483 Cameron Dr. 40770  
 Address License #  
Jama M. Pope #  
 Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work NEW HOUSE  
Carolina Comfort Air 419 333 4320  
 Mechanical Contractor's Company Name Telephone  
5212 US 70 W Clayton NC 27520 H3-29077  
 Address License #  
Phillip Powell  
 Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New House # Baths \_\_\_\_\_  
Jamie Johnson Plumbing 910 984 6277  
 Plumbing Contractor's Company Name Telephone  
1490 Clark RD Lillington NC 27546 21649  
 Address License #  
Jamie Johnson  
 Signature of Officer(s) of Corporation

**Insulation Permit Information**

Stann O'Leary  
 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 of Owner/Contractor/Officer(s) of Corporation

11-11-2020  
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:  Date: 11-11-2020

Payment Type

Customer Info

Payment Info

Submit Payment

action Detail

Payment Description	Unit Price	Quantity	Amount
RESAPPT Appointment of Lien Agent (1-2 Family Dwelling) - Entry Number: 1348944	\$30.00	1	\$30.00
Total			\$30.00

Payment Type

Credit Card

Customer Information

Address

kenneth cummings  
kennethcummingsllc  
630 griffin rd  
lillington, NC 27546

Phone

9109846765

Country

United States

Email Address

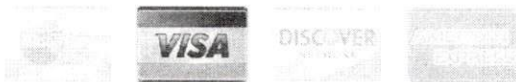
klcmgc@charter.net

Payment Info

Complete all required fields [ \* ]

Credit Card Number \*

Credit Card Type



Expiration Month \*

## History

My Filing Summary [?](#)



25

Appointments of Lien Agent



0

Notices to Lien Agent



0

Notification Requests

### You have submitted the filings listed below.

Blue headings indicate results are sortable.

25 filings found - Viewing 1-25

<b>Filing Type</b>	Appointment of Lien Agent 11/11/2020 <b>Entry #: <a href="#">1348944</a></b>
<b>Project Property</b>	kennethcumingsllc1 7329 overhillsrd spring lake nc, NC 28390 harnett County
<b>Claimant / Owner</b>	Kenneth Cummings 630griffinrd, lillington, NC 27546 United States Phone: 910-984-6765 klcmgc@charter.net
<b>Active Related Filings?</b>	No
<b>Comments:</b>	No comments have been made.
<b>Filing Type</b>	Appointment of Lien Agent 07/05/2020 <b>Entry #: <a href="#">1268119</a></b>
<b>Project Property</b>	kennethcumingsllc1 593 seminole rd broadway, NC 27505 lee County
<b>Claimant / Owner</b>	Kenneth Cummings 630griffinrd, lillington, NC 27546 United States Phone: 910-984-6765 klcmgc@charter.net
<b>Active Related Filings?</b>	<a href="#">Yes</a>
<b>Comments:</b>	No comments have been made.