

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 TMD Residential Properties Date 910-892-4345  
Site Address \_\_\_\_\_  
Directions to job site from Lillington Take Hwy 421 S to Neill's Creek Rd. TL go 1 1/2 miles to South Creek on left.

Subdivision South Creek Lot 48  
Description of Proposed Work NSF Dwelling # of Bedrooms 3  
Heated SF 2213 Unheated SF 999 Finished Bonus Room? No Crawl Space Slab

**General Contractor Information**

Cumberland Homes, Inc. Telephone 910-892-4345  
Building Contractor's Company Name  
P.O. Box 727 Dunn, N.C. 28335 Email Address Norrisbuildinggroup@comcast.com  
Address 59493  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New Residential Service Size 200 Amps T-Pole  Yes  No  
Wester + Pace Electric Telephone 919-499-5389  
Electrical Contractor's Company Name  
546 Leslie Dr. Sanford, NC. Email Address N/A  
Address 12007-U  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work New Single Family Residential  
Stephenson's Heating + Air Telephone 919-329-0686  
Mechanical Contractor's Company Name  
343 Shipwash Dr. Garner, NC. Email Address N/A  
Address 18644  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New Residential # Baths 4  
Glover Contract Plumbing Telephone 919-868-0959  
Plumbing Contractor's Company Name  
304 Quail Hollow Ext. Sanford NC Email Address N/A  
Address 23160  
License # \_\_\_\_\_

**Insulation Contractor Information**

Tatum Insulation Telephone 919-661-0999  
Insulation Contractor's Company Name & Address

\*NOTE General Contractor must fill out and sign the second page of this application

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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

10/26/20  
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 [Signature] Agent Date 10/26/20