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

Offer must material	
Owner's Name Cumberland Homes, Inc.	Date
Site Address	910-892-4345
Directions to job site from Lillington TAKE NC Hum 421	5 to Neill3 Crede Fac.
The Re 12 miles to south Creek	en left.
Subdivision South Creek	Lot _50
Description of Proposed Work NSF Dwelling	# of Bedrooms
Heated SF 2250 Unheated SF 846 Finished Bonus Room? YE	Scrawl Space Slab
/ General Contractor Intormation	
Cumperland Homes, Inc.	910-892-4345
Ruilding Contractor's Company Name	elephone
P.O Bex 727 Dun 1.1. 28335 1	orrisbuildinggroupice
Address	mail Address
59493	
License # Electrical Contractor Information	
Description of Work New Kabusana Service Size	Amps T-Pole YesNo
Wester + Pace Electric	419-799-5509
FIRCTOCAL CONTRACTOR NAME AND A CONTRACTOR N	eléphone
546 Leslie Dr. Santord NC.	Email Áddress
Address	Illali Address
12007-K	
License # Mechanical/HVAC Contractor Information	tion (C
Description of Work New Single Family Resid	Kentiel
Stephenson's Heating + Rir	919-329-0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Garner, MC.	AM
Andress	Email Address
18644	
License # Plumbing Contractor Information	. /
	#Baths_4
Closer Contract Plumbing	919-868-0959
Plumbing Contractor's Company Name	Telephone
304 Quail Hellow Ext. Sanferd	N/A
Address	Email Address
23160	
License # Insulation Contractor Information	
TATUM INSULATION	919-661-0999
Insulation Contractor's Company Name & Address	Telephone

is as per current fee schedule

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 76 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee.

Signature of Owner/Contractor/Officer(s) of Corporation 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 Sign w/Title