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

Address company hone must match	Building and Trades Fermit
Owner's Name Jumber and Hon	NOS, INC. Date 10 29 12
Site Address	1/21 / L 1/21/2 Creak Pol.
Directions to job site from Lillington Take H.	while beek on lott
The go 12 miles to	TOWN CHECK THE TOP IT
- Lost Proof	Lot 36
Subdivision South West Du	relling # of Bedrooms 3
Description of Proposed Work	
Heated SF 22/3 Unheated SF 777 Finishe	tractor Information
Cumberland Homes, Inc	
Building Contractor's Company Name	6. 28335 Norrisbuildinggroupselg
Address	Email Address
59493	
License #	ntractor Information
Description of Work New Rasiden Pas	Service Size 200 Amps 1-Pole VesNo
Wester + Pace Kleetine	919-499-5389 Teléphone
Electrical Contractor's Company Name	d all N/A
546 Les lie Dr. Santor	Email Address
12007-K	
License #	AC Contractor Information
Description of Work New Single Fa	and the Kesidential
	14 + Air 919-329-0686
Mechanical Contractor's Company Name	relephone
343 Shipwash Dr. Garne	Email Address
Address 18644	
	Contractor Information
Man Dalid	Contractor Information # Baths 4
Description of Work New Residence	6.45 919-868-0959
Plumbing Contractor's Company Name	Telephone
304 Quail Hellow Ex	T- SAN FAMILY Address
Address	NC Lilian Address
23/60 License #	
Insulation Insulation	Contractor Information 919-661-0999
Insulation Contractor's Company Name & Addre	V
modiation contracts o company	Ex.

1.6.4
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
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 Cumber Land Romes, The
Sign w/Title Stand Date 19/2/20