



Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

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.

Owner's Name: CUMBERLAND HOMES INC Date: 2/1/2022
Site Address: 538 JOSEPH ALEXANDER DR FURRAY Phone: 910-892-4345
Subdivision: BALLANTR WOODS Lot: 123
Description of Proposed Work: NSF DWELLING Total Job Cost: \$ 255,000

General Contractor Information

CUMBERLAND HOMES INC 910-892-4345
Building Contractor's Company Name Telephone
PO Box 727 DUNN NC 28335 Norris building group nsc@gmail.com
Address Email Address
59493 2496 724
License #

Electrical Contractor Information

Description of Work NSF DWELLING Service Size: 200 Amps T-Pole: Yes No
WESTER + PACE ELECTRIC 919-499-5389
Electrical Contractor's Company Name Telephone
546 LESLIE DR SANFORD NC N/A
Address Email Address
12007-U
License #

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work NSF DWELLING # Baths 3
DAVID BARK PLUMBING 919-422-5920
Plumbing Contractor's Company Name Telephone
2245 NC Hwy 39 ZEBULON NC
Address Email Address
8704
License #

Insulation Contractor Information

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

NOTE: General Contractor/Owner must fill out and sign the second page of this application.

Attidavit 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 subcontractor(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractor(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: Mr. H. Caswell Date: 2/11/2022

Signature of Owner/Contractor/Officer(s) of Corporation _____ Date 2/11/2022

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 Harrell County Zoning Ordinance. I state the information on the above 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 Harrell 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.

