

126 BALDWIN WOODS



Application #

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 whoever performing work. Must be owner, owner or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: CRAFTSMEN CONSTRUCTION Date: 2/1/2022  
Site Address: 598 JOSEPH ALEXANDER DR FURRAY Phone: 910-892-4345  
Subdivision: BALDWIN WOODS Lot: 126  
Description of Proposed Work: NSF DWELLING Total Job Cost: \$ 240,000

**General Contractor Information**

CUMBERLAND HOMES INC Telephone: 910-892-4345  
Building Contractor's Company Name  
PO BOX 727 DUNN NC 28335 Email Address: Norris Building Group nce@gmail.com  
Address  
59493 2213 749  
License #

**Electrical Contractor Information**

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

**Mechanical/HVAC Contractor Information**

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

**Plumbing Contractor Information**

Description of Work: NSF DWELLING # Baths: 2 1/2  
DAVID BARK PLUMBING Telephone: 919-422-5920  
Plumbing Contractor's Company Name  
2245 NC Hwy 39 ZEBULON NC Email Address:  
Address  
8704  
License #

**Insulation Contractor Information**

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

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]*  
Signature of Owner/Contractor/Officer(s) of Corporation

2/1/2022  
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: *[Signature]* (AGENT)

Date: 2/1/2022