



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

**Application for Residential Building and Trades Permit**

Owner's Name: Craftsman Const. Date: 3/15/21  
 Site Address: 612 Core Rd., Dunn, NC 28334 Phone: 910-892-4345  
 Subdivision: N/A Lot: 2  
 Description of Proposed Work: New Single Fam. Dwelling Total Job Cost: 170,000.00

**General Contractor Information**

Cumberland Homes, Inc. Telephone: 910-892-4345  
 Building Contractor's Company Name  
P.O. Box 727 Dunn, NC 28335 Email Address: Norris Building Group Inc@gmail.com  
 Address  
59493 HEATED SQ FT 2279 GARAGE SQ FT 584  
 License #

**Electrical Contractor Information**

Description of Work NSF Dwelling 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 NSF Dwelling  
Stephenson's Heating & Air Telephone: 919-329-0686  
 Mechanical Contractor's Company Name  
343 Shipwash Dr., Garner, NC Email Address: \_\_\_\_\_  
 Address  
18644  
 License #

**Plumbing Contractor Information**

Description of Work NSF Dwelling # Baths: \_\_\_\_\_  
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 Insulating Telephone: 919-661-0999  
 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.

*Diana Thomas*  
Signature of Owner/Contractor/Officer(s) of Corporation

3/15/21  
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:

*Diana Thomas* (*Agent*)

Date:

3/15/21