



Lot 113 BWS

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: TMD Residential Properties Date: _____
Site Address: 354 Joseph Alexander Dr. Fuquay, NC. Phone: 910-892-4345
Subdivision: Ballard Woods Lot: 113
Description of Proposed Work: NSF Dwelling Total Job Cost: 205,000.00

General Contractor Information

Cumberland Homes, Inc. 910-892-4345
Building Contractor's Company Name Telephone
P.O. Box 727 Dunn, N.C. 28535 Norrisbuildinggroupnc@gmail.com
Address Email Address
59493 HEATED SQ FT 2654 GARAGE SQ FT 864
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
540 Leslie Dr. Sanford, NC N/A
Address Email Address
12007-U
License #

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work NSF Dwelling # Baths _____
David Baker Plumbing 919-422-5920
Plumbing Contractor's Company Name Telephone
2245 NC Hwy 39, Zebulon NC N/A
Address Email Address
8404
License #

Insulation Contractor Information

Tatum Insulating 919-661-0999
Insulation Contractor's Company Name & Address Telephone

*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

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: _____