

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: CUMBERLAND HOMES INC Date: 10/11/2021
 Site Address: 442 JOSEPH ALEXANDER DR FURRAY Phone: 910-892-4345
 Subdivision: BALLAN WOODS Lot: 118
 Description of Proposed Work: NSF DWELLING Total Job Cost: \$ 205,000

General Contractor Information

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

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

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

Insulation Contractor Information

TARM 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.

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

10/11/2021
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: 10/11/2021