

NEW PLAN



24 OAKHAVEN

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 CONSTRUCTION Date: 2/14/2022  
Site Address: BUCKHAVEN DR, HOLY SPRING, NC 27540 Phone: 910-892-4345  
Subdivision: OAKHAVEN Lot: 24  
Description of Proposed Work: NSF DWELLING Total Job Cost: \$ 248,000

**General Contractor Information**

CUMBERLAND HOMES INC 910-892-4345  
Building Contractor's Company Name Telephone  
PO Box 727 DUNN NC 28335 Morris building group nce@gmail.com  
Address Email Address  
59493 **HEATED SQ.FT 2677 GARAGE SQ.FT 765**  
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  
5416 Leslie Dr. Sanford, NC N/A  
Address Email Address  
12007-4  
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 SHIPWASH DRIVE GARNER NC stephensonhvac@aol.com  
Address Email Address  
18644  
License #

**Plumbing Contractor Information**

Description of Work NSF DWELLING # Baths 2 1/2  
PRECISION PLUMBING INC 919-736-3723  
Plumbing Contractor's Company Name Telephone  
PO Box 216 GOLDSBORO NC  
Address Email Address  
51982  
License #

**Insulation Contractor Information**

TAPIN 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 of Owner/Contractor/Officer(s) of Corporation

2/14/2022  
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:  (AGENT)

Date: 2/14/2022