

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:

hone must match	Application for Residential Building and Tra	des Fertine
n on license.	e fol palmente	4/2//2
Owner's Name:	umberfand Hones, Inc.	Date: 1/26/22
Site Address: 138	BUCK haven Dr.	Phone: 4545
Subdivision:	expaver	Lot:
Description of Propose	d Work: NSF DWelling	Total Job Cost: 259,000
0 1 (General Contractor Information	1120m 1/21/5
Cumberland	& Homes, Inc.	40-842-4573
Building Contractor's		Telephone
P.C. Box	127 DUNA, M.C. 28335	Email Address
Address Fall 42	HEATED SQ FT 2677 GARAGE SG	
License #	HEATED SO FIZE 1	は調明でも
	Electrical Contractor Information	n Thursday No.
Description of Work _	NSF Duelling Service Size:	200 Amps T-Pole: Ves_No
Wester +	Pace Electric	919-499-5389 Talanhana
Electrical Contractor's	Company Name	Telephone
546 LESII	E Dr. Santora, NC	Email Address
Address		Littali Addi 600
12007 - U License #		
Licerise #	Mechanical/HVAC Contractor Inform	nation
Description of Work	NSF Dwelling	
Stenhenson	's Heating + Hir	919-329-0686
Mechanical Contracto	or's Company Name	Telephone
343 Shi	owash Dr., Garner, N.	
Address 1616	• •	Email Address
18677		
License #	Plumbing Contractor Information	on W
Description of Work	NSF Dwellowa	# Baths
David Bo	Ker Dlumbuce	919-422-5920
Plumbing Contractor	s Company Name	Telephone
	on 39 Zepulon, N.C.	NA
Address		Email Address
8704		manufaggin e
License #	Insulation Contractor Informati	ion
Totum -	IN SA lativa	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 of Owner/Contractor/Officer(s) of Corporation

5/24/22

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: Date:
Date.