



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: 4/26/22
Site Address: 109 Buck Haven Dr. Phone: 910-892-4345
Subdivision: Oakhaven Lot: 31
Description of Proposed Work: _____ Total Job Cost: 238,000

General Contractor Information

Cumberland Homes, Inc. Telephone: 910-892-4345
Building Contractor's Company Name
Address: P.O. Box 727 Dunn, N.C. 28535 Email Address: Norris Building Group LLC@gmail.com
59493 HEATED SQ FT 2496 GARAGE SQ FT 455
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
Address: 546 Leslie Dr. Sanford, NC Email Address: N/A
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
Address: 343 Shipwash Dr., Garner, N.C. Email Address: _____
18644
License #

Plumbing Contractor Information

Description of Work: NSF Dwelling # Baths: 3
David Baker Plumbers Telephone: 919-422-5920
Plumbing Contractor's Company Name
Address: 2243 Hwy 39 Zebulon, N.C. Email Address: N/A
8704
License #

Insulation Contractor Information

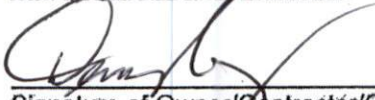
Tatum Insulating Telephone: 919-661-0999
Insulation Contractor's Company Name & Address

*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.



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

5/26/22

 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

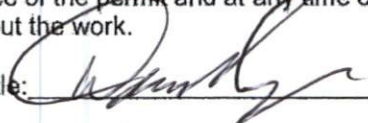
The undersigned applicant being the:

_____ 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: 4/26/22
