

strong roots • new growth

NOTE: General Contractor / owner must fill out and sign the second page of this application.

Application for Residential Building and Trades Permit

Date: 4/20/22

Site Address: 611 Joseph Alexander Dr. Fayetteville, NC 28405
 Subdivision: Ballantyne Woods
 Description of Proposed Work: New Single Family

Owner's Name: Cumberland Homes, Inc.
 Building Contractor's Company Name: P.O. Box 727 Dunn, NC 28335
 Address: 59493
 License #: HEATED SO FLI 516

Electrical Contractor Information
 Description of Work: NSF Dwelling
 Service Size: 200 Amps T-Pole: Yes No
 Telephone: 919-499-5389
 Email Address: N/A

Mechanical/HVAC Contractor Information
 Description of Work: NSF Dwelling
 Telephone: 919-329-0686
 Email Address: N/A

Plumbing Contractor Information
 Description of Work: NSF Dwelling
 # Baths: 2 1/2
 Telephone: 919-422-5920
 Email Address: N/A

Insulation Contractor Information
 Description of Work: NSF Dwelling
 Telephone: 919-661-0999
 Email Address: N/A

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.

Harnett County Central Permitting
 PO Box 65 Lillington, NC 27546
 910-893-7525 Fax 910-893-2793 www.harnett.org/permits



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


 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:

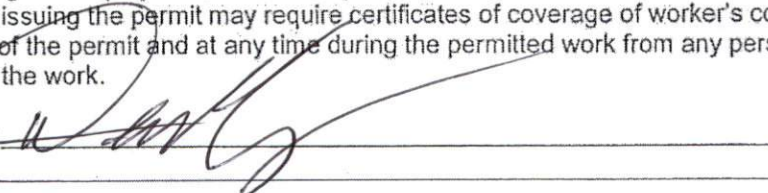
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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: 