



Application # \_\_\_\_\_

**Harnett County Central Permitting**

PO Box 65 Lillington, NC 27546

910-893-7625 Fax 910-893-2793 www.harnett.org/permits

Each section below is to be filled out by whoever performing work. Must be owner, contractor, licensed contractor. Address, company name, phone number, email information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: TMD Residential Properties, LLC Date: 12/8/23  
 Site Address: 84 JUNAIS Ct. Angier, NC 27501 Phone: 910-892-4345  
 Subdivision: Evit's Place Lot: 2  
 Description of Proposed Work: NSF Total Job Cost: 137,750

**General Contractor Information**

Cumberland Homes, Inc. Telephone: 910-892-4345  
 Building Contractor's Company Name  
P.O. Box 727 Dunn, NC 28335 Email Address: NorrisBuildingGroup@gmail.com  
 Address: 59493  
HEATED SOFT 1722 GARAGE SOFT 440  
 License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work: NSF Dwelling Service Size: 200 Amps T-Pole:  Yes  No  
Waster + Pace Electric Telephone: 919-499-5389  
 Electrical Contractor's Company Name  
546 Leslie Dr. Sanford, NC Email Address: N/A  
 Address: 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  
343 Shipwash Dr., Garner, NC Email Address: \_\_\_\_\_  
 Address: 18644  
 License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work: NSF Dwelling # Baths: \_\_\_\_\_  
Cocoa Beach Plumbing, Inc. Telephone: 910-391-5595  
 Plumbing Contractor's Company Name  
4755 Bryant Pond Rd. Dunn, NC 28334 Email Address: Bleep Plumbing@yahoo.com  
 Address: 29488  
 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

Date

12/8/23

**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:

*James K. Gray* Agent

12/8/23

DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 2037581

Filed on: 11/14/2023

Initially filed by: cumberlandhomes

### Designated Lien Agent

Investors Title Insurance Company

**Online:** [www.liensnc.com](http://www.liensnc.com) ([info@liensnc.com](mailto:info@liensnc.com))

**Address:** 223 S. West Street, Suite 900 /  
Raleigh, NC 27603

**Phone:** 888-690-7384

**Fax:** 913-489-5231

**Email:** [support@liensnc.com](mailto:support@liensnc.com) ([mailto:support@liensnc.com](mailto:mailto:support@liensnc.com))

### Owner Information

TMD Residential Properties, LLC  
108 Commerce Dr  
Dunn, NC 28334  
US  
Email: [norris.building@gmail.com](mailto:norris.building@gmail.com)  
Phone: 910-892-4345

### Project Property

Lot 2 Evit's Place  
84 Junius Ct  
Angier, NC 27501  
Harnett County

### Property Type

1-2 Family Dwelling

### Print & Post



#### Contractors:

Please post this notice on the Job Site.

#### Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384