

strong roots • new growth

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



Harnett
COUNTY
NORTH CAROLINA

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.

Owner's Name:

Ted Brown Carst.

Site Address:

43 Juniper St Hargett NC 27501

Subdivision:

Erin's Place

Description of Proposed Work:

NSF Dwelling

Total Job Cost: 138,400

General Contractor Information

Cumbarland James, Inc.

Telephone

910-892-4345

Building Contractor's Company Name

P.O. Box 727 Dunn, NC 28535

Email Address

North's Building Group Inc. northsbldggrp@aol.com

License #

59493

Address

546 Leslie Dr. Sanford NC

License #

12007-U

Description of Work

NSF Dwelling

Telephone

919-329-0686

Mechanical Contractor's Company Name

Stephenson's Heating & Air

Email Address

343 Shipwash Dr., Garner, NC

License #

18644

Description of Work

NSF Dwelling

Baths

910-391-5595

Plumbing Contractor's Company Name

Cocoa Beach Plumbing, Inc.

Telephone

910-391-5595

License #

29488

Insulation Contractor's Company Name & Address

Tipton Insulating

Telephone

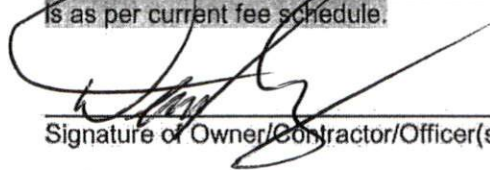
919-661-0999

Insulation Contractor Information



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

12/8/23

 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: James K. Ray Agent _____ Date: 12/8/23