



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 Date: 9-9-24
Site Address: Keith Hills Road, Lillington NC Phone: 910-284-4789
Subdivision: Keith Hills C.C. Lot: 171
Description of Proposed Work: New Single Family Total Job Cost: _____

General Contractor Information

Cumberland Homes 910-984-4789
Building Contractor's Company Name Telephone
108 Commerce Dr. Dunn NC 28334 pwneigh@unc.edu
Address Email Address
59493 **HEATED SQ FT** 1,816 **GARAGE SQ FT** 529
License #

Electrical Contractor Information

Description of Work NSF Dwellings Service Size: 200 Amps T-Pole: Yes No
WATER & PACE ELECTRIC 919-499-5389
Electrical Contractor's Company Name Telephone
546 Leslie Dr. Sanford NC 28332 N/A
Address Email Address
12007-U
License #

Mechanical/HVAC Contractor Information

Description of Work NSF Dwellings
STEPHENSON HEATING & AIR 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr. Garner NC N/A
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work NSF Dwellings # Baths 2
TITANS PLUMBING 984-303-1896
Plumbing Contractor's Company Name Telephone
PO. Box 1045 Dunn NC 28333 Business@TitanPlumbing.com
Address Email Address
34800
License #

Insulation Contractor Information

TATUM INSULATION 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.

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

9-9-24
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: *Paul Nib Project Manager* Date: 9-9-24