



Initial Application Date: _____

Application # _____

DRB # _____ CU # _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 420 McKinney Pkwy, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 1 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Moore HL Properties, Inc Mailing Address: 55 Walnut Creek Road

City: Pinehurst State: NC Zip: 28374 Contact # _____ Email: _____

APPLICANT*: Caviness & Cates Building and Development Company Mailing Address: 639 Executive Place, Ste 400

City: Fayetteville State: NC Zip: 28305 Contact # 910-778-7902 Email: pam@cavinessandcates.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Pamela Geddie Phone # (910) 778-7902

Address: same as above PIN: 0527-40-7515.000

Zoning: _____ Watershed: _____ Flood: _____ map book 2025 / 268

Setbacks – Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

☐ Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____

☐ Business Sq. Ft. Retail Space: _____ Type: _____ # Employees: _____ Hours of Operation: _____

☐ Daycare # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____

☐ Industry Sq. Ft: _____ Type: _____ # Employees: _____ Hours of Operation: _____

☐ Church Seating Capacity: _____ # Bathrooms: _____ Kitchen: _____

☒ Accessory/Addition/Other (Size 18 x 32) Use: Picnic shelter

Water Supply: NA County NA Existing Well NA New Well (# of dwellings using well _____) *Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: NA New Septic Tank NA Expansion NA Relocation NA Existing Septic Tank NA County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Comments: _____

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted.

I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

[Signature]
Signature of Owner or Owner's Agent

8/26/25
Date

****This application expires 6 months from the initial date if permits have not been issued****

RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

*****It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.*****

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _____
Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Moore HL Properties, Inc Date: 8/26/25

Site Address: 155 Black Duck Lane Phone: _____

Directions to job site from Lillington: _____

Subdivision: Ducks Landing Lot: _____

Description of Proposed Work: Picnic shelter

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ 18,500

Caviness & Cates Building and Development Company (910) 778-7902

Building Contractor's Company Name Telephone

639 Executive Place, Ste 400 Fayetteville, NC 28305 pam@cavinessandcates.com

Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation 59586

Electrical Contractor Information: Electrical Cost \$ _____ License #

Description of Work _____ Service Size: _____ Amps #T-Poles _____

Electrical Contractor's Company Name Telephone

Address Email Address

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

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name Telephone

Address Email Address

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

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

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

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor must fill out and sign the second page of this application**

Sprinkler Contractor Information

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Driveway Access - NC Department of Transportation Driveway Access/Permit? ____ Yes ____ No

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 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 charged at full price 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.

Company or Name: Caviness & Cates Building and Development Company

Sign w/Title: _____

Date: 8/26/25

