

Initial Application Date: 7-13-15
9-10-15

Application # 1550036631R

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 (910) 893-7525 harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING AN APPLICATION"

LANDOWNER: Cates Building Inc Mailing Address: 639 Executive Place, Suite 400
City: Fayetteville State: NC Zip: 28305 Contact No: 910-778-7899 Email: angie@cavinessandcates.com

APPLICANT*: Cates Building Inc Mailing Address: 639 Executive Place, Suite 400
City: Fayetteville State: NC Zip: 28305 Contact No: 910-481-0503 Email: angie@cavinessandcates.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Angie Fowler Phone # 910-481-0503

PROPERTY LOCATION: Subdivision: Tingen Pointe Lot #: 153 Lot Size: .41ac
State Road # 734 State Road Name: Juno Drive Map Book & Page: 2014, 179
Parcel: 03957601 008865 PIN: 9597-33-3043.000
Zoning: RA-20R Flood Zone: X Watershed: NA Deed Book & Page: 3236, 966 Power Company*: Duke Energy

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE: 44 x 30 x 3
 SFD: (Size 35' x 55') # Bedrooms: 4 # Baths: 2.5 Basement (w/wo bath) N/A Garage: 2 Deck N/A Crawl Space: _____ Slab: _____ Monolithic Slab:
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes-add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupallon: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: 1 Proposed Manufactured Homes: _____ Other (specify): _____

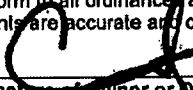
Required Residential Property Line Setbacks:

Front Minimum 35 Actual 36
Rear 25 180
Closest Side 10 24
Sidestreet/corner lot N/A
Nearest Building on same lot N/A

Comments: Revision - No Fee

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

If permits are granted I agree to conform to all ordinance 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 of owner or Owner's Agent

7-9-15
Date

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.

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

09/09/11

Application #

1550036631

Harnett County Central Permitting
PO Box 85 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 or licensed
contractor Address company
name & phone must match

Application for Residential Building and Trades Permit

Owner's Name Cates Building Inc Date 5-9-13
Site Address 734 Juno Drive Phone 910-481-0503
Directions to job site from Lillington _____

Subdivision Tingen Pointe Lot 153
Description of Proposed Work Single Family Dwelling # of Bedrooms 3
Heated SF 1608 Unheated SF 556 Finished Bonus Room? _____ Crawl Space _____ Slab Block Stem

General Contractor Information

Cates Building, INC 910-481-0503
Building Contractor's Company Name Telephone
639 Executive Place, Suite 400 Fayetteville angie@cavinessandcates.com
Address NC 28305 Email Address
38851
License #

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole _____ Yes _____ No
Tarheel Electric 910-303-2334
Electrical Contractor Telephone
PO Box 458 Stedman NC 28391 _____
Address Email Address
22985-6
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Carolina Comfort Air, Inc 919-550-7711
Mechanical Contractor's Company Name Telephone
5212 US Hwy _____
Address Email Address
29077
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Vance Johnson Plumbing 910-424-6712
Plumbing Contractor's Company Name Telephone
3242 Mid Pines Dr. Fayetteville NC 28306 _____
Address Email Address
7756-P1
License #

Insulation Contractor Information

Cumberland Insulation 4205 Clinton Road 910-484-7118
Insulation Contractor's Company Name & Address Telephone
Fayetteville, NC 28312

*NOTE General Contractor 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

9-23-15
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

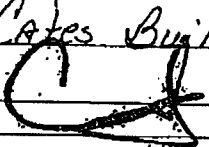
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 Cates Building Inc

Sign w/Title 

Date

9-23-15