

Initial Application Date:	Application #	
		CU#
	HARNETT RESIDENTIAL LAND USE APPLIC NC 27546 Phone: (910) 893-7525 ext:2	CATION Fax: (910) 893-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OR C	FFER TO PURCHASE) & SITE PLAN ARE REQUIRED	WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: Caviness Land Development		
City: Fayetteville State: NC Zip	o: 28305 Contact No: 910.339.6330	Email: janine@cavinessland.com
APPLICANT*: "SAME"	Mailing Address:	
City: State: Zip *Please fill out applicant information if different than landowner	: Contact No:	Email:
CONTACT NAME APPLYING IN OFFICE: Janine Ligh	ntner	_{thone #} 910.339.6330
ADDRESS: 351 English Oak Drive, Bunnlevel		
DEED OR OTP:		
PROPOSED USE: SFD: (Size 54 x 52) # Bedrooms 4 # Baths: 2. (Is the bonus room finished?)	5Basement(w/wo bath): Garage: ∑De	
Mod: (Sizex) # Bedrooms # Baths		e Built Deck: On Frame Off Frame
Manufactured Home: SW DW TW (Size_	x) # Bedrooms: Garage:	(site built? Deck: site built?
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:	<u> </u>
Home Occupation: # Rooms: Use:	Hours of Operation:	#Employees:
Addition/Accessory/Other: (Sizex) Use:		Closets in addition? () yes () no
Water Supply: County Existing Well (Sewage Supply: New Septic Tank Expansion (Complete Environmental Health Checklist o Does owner of this tract of land, own land that contains a ma	Need to Complete New Well Application at the Relocation Existing Septic Tank nother side of application if Septic) anufactured home within five hundred feet (500)	e same time as New Tank) County Sewer
Does the property contain any easements whether undergro	und or overhead (<u>X</u>) yes (<u>)</u> no	
Structures (existing or proposed): Single family dwellings:	Manufactured Homes:	Other (specify):
If permits are granted I agree to conform to all ordinances ar I hereby state that foregoing statements are accurate and co	rrect to the best of my knowledge. Permit subj	g such work and the specifications of plans submitted. ject to revocation if false information is provided.
janine Lightner Signature of Owner or Ow	07	7/30/2018
Signature of Owner or Ow ***It is the owner/applicants responsibility to provide the	rner's Agent s county with any applicable information ab	Date 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**

APPLICATION CONTINUES ON BACK

strong roots • new growth



Application #

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Caviness Land Development	Date: 07/30/2018
Site Address: 351 English Oak Drive, Bunnlevel NC 28323	Phone: 910.339.6330
Subdivision: Forest Oaks	Lot: 224
Description of Proposed Work: New home - residential construction	
General Contractor Inform	
Caviness Land Development	910.339.6330
Building Contractor's Company Name	Telephone
1041B Robeson Street, Fayetteville NC 28305	janine@cavinessland.com
Address	Email Address
37485	
License #	
Electrical Contractor Inform	nation
Description of Work New residential Service Southern Pride Electric	Size:Amps T-Pole: X Yes No
	910.750.9436
Electrical Contractor's Company Name	Telephone
370 Slapout Road, Mt. Olive, NC 28365	southernpride.mp@gmail.com
Address	Email Address
24726	
License # Mechanical/HVAC Contractor Ir	aformation
Description of Work New residential HVAC	normation
	0.40.000.007.4
Carolina Comfort Air	910.339.2374
Mechanical Contractor's Company Name	Telephone
701 N Clinton Ave, Dunn NC 28334	marie@carolinacomfortair.com
Address	Email Address
29077	
License # Plumbing Contractor Inform	nation
Description of Work New residential plumbing	# Baths2.5
Chris Holloway Plumbing	910.624.2670
Plumbing Contractor's Company Name	Telephone
737 Old NC 20, Saint Pauls NC 28384	chrisholloway@nc.rr.com
Address	Email Address
28541	
License #	matin m
Insulation Contractor Inform TriCity Insulation, 334 East Mountain Drive, Fay NC 28305	
	910.486.8855
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.

07/30/2018

janine Lightner

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.			
Sign w/Title: janine Lightner Date: 07/30/2018			