



Initial Application Date: _____

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

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

LANDOWNER: Caviness Land Development Mailing Address: 1041B Robeson Street

City: Fayetteville State: NC Zip: 28305 Contact No: 910.339.6330 Email: janine@cavinessland.com

APPLICANT*: "SAME" Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Janine Lightner Phone # 910.339.6330

ADDRESS: 1041B Robeson Street, Fayetteville NC 28305 PIN: 0516-07-7264

DEED OR OTP: attached

PROPOSED USE:

[X] SFD: (Size 39 x 64) # Bedrooms 4 # Baths: 3.5 Basement(w/wo bath): [] Garage: [X] Deck: [] Crawl Space: [] Slab: [] Monol. Slab: [X] (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 Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

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

Water Supply: [X] County _____ Existing Well _____ 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: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank [X] County Sewer (Complete Environmental Health Checklist on other side of application if Septic)

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

Does the property contain any easements whether underground or overhead [X] yes [] no

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

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 of Owner or Owner's Agent: Janine Lightner

Date: 8/30/18

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**

APPLICATION CONTINUES ON BACK

strong roots • new growth

strong roots • new growth



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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Caviness Land Development Date: 8/30/18
07/00/2018
Site Address: 21 Southern Oak Court Phone: 910.339.6330
Subdivision: Forest Oaks Ph5 Lot: 298
Description of Proposed Work: New home - residential construction

General Contractor Information

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 Information

Description of Work New residential Service Size: _____ Amps T-Pole: Yes No
Southern Pride Electric 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 Information

Description of Work New residential HVAC
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 Information

Description of Work New residential plumbing # Baths 3.5
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 #

Insulation Contractor Information

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.

Janine Lightner
Signature of Owner/Contractor/Officer(s) of Corporation

8/30/18
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: 8/30/18