



W to be filled out mind work.

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.

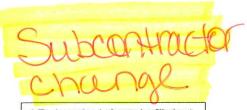
Application for Residential Building and Trades Permit

Owner's Name: Caviness Land Development	Date: 5/15/19
Site Address: 200 English Oak Drive Pho	ne: 910-339-6330
	214
Description of Proposed Work: New Home - Residential Construction	
General Contractor Information	
Caviness Land Development 910-339-633	0
Building Contractor's Company Name Telephone	
1041 B Robeson Street, Fayetteville NC 28305	
Address Email Addres	S
37485	
License #	
<u>Electrical Contractor Information</u> Description of Work New Residential Service Size:Amps	-Pole: X Ves T No
Southern Pride Electric 910-750-943	
Electrical Contractor's Company Name Telephone	<u> </u>
	e.mp@gmail.com
Address Email Addres	
24726	•
License #	
Mechanical/HVAC Contractor Information	
Description of Work New Residential HVAC	
Carolina Comfort Air 910-339-237	4
Mechanical Contractor's Company Name Telephone	
701 N Clinton Ave, Dunn NC 28334 marie@carol	nacomfortair.com
Address Email Addres	s
29077	
License #	
Plumbing Contractor Information	
Description of Work New Residential Plumbing # Baths	
<u>Shawn Glover</u> 919-868-095	9
Plumbing Contractor's Company Name Telephone	
304 Quail Hollow, Sanford, NC 27332	WANTED TO THE TOTAL PROPERTY OF THE TOTAL PR
Address Email Addres	S
23160	
License #	
Cumberland Insulation 4205 Clinton Rd.Fayetteville NC 28312 910-484-711	3



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 bysigning 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.

Cynthia Jacobs	5/15/19
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compe	ensation N.C.G.S. 87-14
The undersigned applicant being the:	
General Contractor Owner Z C	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the personant forth in the permit:	on(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained	workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obta	ined workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their covering themselves.	r own policy of workers' compensation insurance
Has no more than two (2) employees and no subcor	ntractors.
While working on the project for which this permit is sought Department issuing the permit may require certificates of co to issuance of the permit and at any time during the permitt carrying out the work.	overage of worker's compensation insurance prior
Sign w/Title: Cynthia Jacobs	Date: 5/15/19





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: <u>5/15/19</u>
Site Address: 216 English Oak Drive	Phone: 910-339-6330
Subdivision: Forest Oaks	Lot: 215
Description of Proposed Work: New Home - Residential Construction	
General Contractor Information	
Caviness Land Development	910-339-6330
Building Contractor's Company Name	Telephone
1041 B Robeson Street, Fayetteville NC 28305	
Address	Email Address
37485	
License #	
Description of Work New Residential Service Size	::Amps T-Pole: X 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 Infor	<u>mation</u>
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 Informati	on
Description of Work New Residential Plumbing	1994 (CS) (SP)
	# Baths 919-868-0959
Shawn Glover	
Plumbing Contractor's Company Name	Telephone
304 Quail Hollow, Sanford, NC 27332	Email Address
Address 23160	Email Address
License #	
Insulation Contractor Informati	ion
Cumberland Insulation 4205 Clinton Rd.Fayetteville NC 28312	910-484-7118
Insulation Contractor's Company Name & Address	Telephone



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.

is as per current fee schedule.		
Cynthia	r Jacobs	5/15/19
Cynthia Jacobs Signature of Owner/Contractor/Officer(s) of Corporation		Date
	A 55: -1 : : 4 5 : \	
The undersigne	Affidavit for Worker's Competed applicant being the:	1sation N.C.G.S. 87-14
Genera	al Contractor Owner Off	ficer/Agent of the Contractor or Owner
Do hereby confiset forth in the p		(s), firm(s) or corporation(s) performing the work
Has thre	e (3) or more employees and has obtained w	orkers' compensation insurance to cover them.
Has one them.	(1) or more subcontractors(s) and has obtain	ned workers' compensation insurance to cover
Has one covering themse		own policy of workers' compensation insurance
Has no n	nore than two (2) employees and no subconti	ractors.
Department issu	he permit and at any time during the permitte	verage of worker's compensation insurance prior
Sian w/Title	Cynthia Jacobs	Date: 5/15/19



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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: 5/15/19
Site Addres <mark>s: 310 English Oak Drive</mark>	Phone: 910-339-6330
Subdivision: Forest Oaks	Lot: 221
Description of Proposed Work: New Home - Residential Construction	
General Contractor Informatio	n
Caviness Land Development	910-339-6330
Building Contractor's Company Name	Telephone
1041 B Robeson Street, Fayetteville NC 28305	
Address	Email Address
37485	
License #	
Electrical Contractor Information	on 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 Inform	nation
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	<u>on</u>
Description of Work New Residential Plumbing	# Baths
Shawn Glover	919-868-0959
Plumbing Contractor's Company Name	Telephone
304 Quail Hollow, Sanford, NC 27332	
Address	Email Address
23160	
License #	
Insulation Contractor Information	
Cumberland Insulation 4205 Clinton Rd.Fayetteville NC 28312	910-484-7118
Insulation Contractor's Company Name & Address	Telephone



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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.		
Cynthia.	Jacobs	5/15/19
	ner/Contractor/Officer(s) of Corporation	Date
	Affidavit for Worker's Composition applicant being the: Contractor Owner Contractor Con	ensation N.C.G.S. 87-14 Officer/Agent of the Contractor or Owner
Do hereby confirr set forth in the pe		on(s), firm(s) or corporation(s) performing the work
Has three	(3) or more employees and has obtained	workers' compensation insurance to cover them.
Has one (*)	1) or more subcontractors(s) and has obta	ined workers' compensation insurance to cover
Has one (,	r own policy of workers' compensation insurance
Has no mo	ore than two (2) employees and no subcor	ntractors.
Department issuir	ng the permit may require certificates of ca e permit and at any time during the permitt	it is understood that the Central Permitting overage of worker's compensation insurance prior ed work from any person, firm or corporation
Sign w/Title:	Cynthia Iacobs	Date: 5/15/19



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Application for Residential Building and Trades Permit

Owner's Name: Caviness Land Development	Date: 5/15/19
Site Address: 254 Angel Oak Drive	Phone: 910-339-6330
Subdivision: Forest Oaks	Lot: 245
Description of Proposed Work: New Home - Residential Construction	
General Contractor Information	
Caviness Land Development	910-339-6330
Building Contractor's Company Name	Telephone
1041 B Robeson Street, Fayetteville NC 28305	
Address	Email Address
37485	
License #	
Electrical Contractor Informati	ion :Amps T-Pole: X Yes
Description of Work New Residential Service Size Southern Pride Electric	910-750-9436
	Telephone
Electrical Contractor's Company Name	southernpride.mp@gmail.com
370 Slapout Road, Mt. Olive NC 28365	Email Address
Address 24726	Email Address
License #	
Mechanical/HVAC Contractor Infor	mation
Description of Work New Residential HVAC	and production of the contraction of the contractio
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 Informati	on
Description of Work New Residential Plumbing	# Baths
Shawn Glover	919-868-0959
Plumbing Contractor's Company Name	Telephone
304 Quail Hollow, Sanford, NC 27332	
Address	Email Address
23160	
License #	
Insulation Contractor Information	The state of the s
Cumberland Insulation 4205 Clinton Rd.Fayetteville NC 28312	910-484-7118
Insulation Contractor's Company Name & Address	Telephone



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 bysigning-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.

any and all changes.		
EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue is as per current fee schedule.	e fee is \$150.00. After 2 years re-issue fee	
,	5/15/19	
Cynthia Jacobs		
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compens	ation N.C.G.S. 87-14	
The undersigned applicant being the:		
General Contractor Owner Offic	er/Agent of the Contractor or Owner	
Do hereby confirm under penalties of perjury that the person(s set forth in the permit:), firm(s) or corporation(s) performing the work	
Has three (3) or more employees and has obtained wor	kers' 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 subcontract	ctors.	
While working on the project for which this permit is sought it is Department issuing the permit may require certificates of cover to issuance of the permit and at any time during the permitted carrying out the work.	age of worker's compensation insurance prior	
Sign w/Title: Cynthia Jacobs	Date: <u>5/15/19</u>	



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Application for Residential Building and Trades Permit

Owner's Name: Caviness Land Development	Date: 5/15/19
Site Addres <mark>s: 270 Angel Oak Drive</mark>	Phone: 910-339-6330
Subdivision <mark>: Forest Oaks</mark>	Lot: 246
Description of Proposed Work: New Home - Residential Construction	
General Contractor Information	<u>1</u>
Caviness Land Development	910-339-6330
Building Contractor's Company Name	Telephone
1041 B Robeson Street, Fayetteville NC 28305	
Address	Email Address
37485	
License #	
Electrical Contractor Informatio	<u>n</u> Amps T-Pole: ∑Yes ☐ No
	910-750-9436
Southern Pride Electric	
Electrical Contractor's Company Name	Telephone
370 Slapout Road, Mt. Olive NC 28365	southernpride.mp@gmail.com Email Address
Address 24726	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work New Residential HVAC	AAAAAAAAAAAAAAAA
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	<u>n</u>
Description of Work New Residential Plumbing	# Baths
Shawn Glover	919-868-0959
Plumbing Contractor's Company Name	Telephone
304 Quail Hollow, Sanford, NC 27332	
Address	Email Address
23160	
License #	
Insulation Contractor Informatio	
Cumberland Insulation 4205 Clinton Rd.Fayetteville NC 28312	910-484-7118
Insulation Contractor's Company Name & Address	Telephone



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expired permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.			
Cynthia J	acobs	5/15/19	
Signature of Owne	r/Contractor/Officer(s) of Corporation	Date	
	Affidavit for Worker's Comper	nsation N.C.G.S. 87-14	
The undersigned a			
General C	ontractor Owner Off	icer/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.			
Department issuing	permit and at any time during the permitted	is understood that the Central Permitting erage of worker's compensation insurance prior dwork from any person, firm or corporation	
Sian w/Title	Cynthia Jacobs	Date: 5/15/19	



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Application for Residential Building and Trades Permit

Owner's Name: Caviness Land Development	Date: 5/15/19
Site Addres <mark>s: 471 Angel Oak Drive</mark>	Phone: 910-339-6330
Subdivision: Forest Oaks	Lot: 290
Description of Proposed Work: New Home - Residential Construction	
General Contractor Informati	
Caviness Land Development	910-339-6330
Building Contractor's Company Name	Telephone
1041 B Robeson Street, Fayetteville NC 28305	
Address	Email Address
37485	
License #	lion
Description of Work New Residential Service Size	
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 Info	rmation
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	tion
Description of Work New Residential Plumbing	
	# Baths
Shawn Glover	919-868-0959
Plumbing Contractor's Company Name	Telephone
304 Quail Hollow, Sanford, NC 27332	E. a. il A. I. I. a. a.
Address 23160	Email Address
License # Insulation Contractor Information	tion
Cumberland Insulation 4205 Clinton Rd.Fayetteville NC 28312	910-484-7118
Insulation Contractor's Company Name & Address	Telephone



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.

Cynthia Jacobs Signature of Owner/Contractor/Officer(s) of Corporation	5/15/19 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: Cynthia Jacobs	Date: <u>5/15/19</u>		



* 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 # _____

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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: 5/15/19
Site Address: 455 Angel Oak Drive	Phone: 910-339-6330
Subdivision: Forest Oaks	Lot: 291
Description of Proposed Work: New Home - Residential Construction	n ·
General Contractor Informat	
Caviness Land Development	910-339-6330
Building Contractor's Company Name	Telephone
1041 B Robeson Street, Fayetteville NC 28305	
Address	Email Address
37485	
License #	
Description of Work New Residential Service Siz	<u>tion</u> e: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	Linaii Address
License #	
Mechanical/HVAC Contractor Info	rmation
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	<u>tion</u>
Description of Work New Residential Plumbing	# Baths
Shawn Glover	919-868-0959
Plumbing Contractor's Company Name	Telephone
304 Quail Hollow, Sanford, NC 27332	
Address	Email Address
23160	
License #	
Insulation Contractor Information	
Cumberland Insulation 4205 Clinton Rd.Fayetteville NC 28312	910-484-7118
Insulation Contractor's Company Name & Address	Telephone



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Cynthia Jacobs	5/15/19	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidentit for Morkowia Common	andian N.C.C.S. 97.14	
Affidavit for Worker's Comper The undersigned applicant being the:	ISAUON N.C.G.S. 67-14	
General Contractor Owner Off	icer/Agent of the Contractor or Owner	
Do hereby confirm under penalties of perjury that the person set forth in the permit:	(s), firm(s) or corporation(s) performing the work	
Has three (3) or more employees and has obtained we	orkers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtain them.	ed workers' compensation insurance to cover	
Has one (1) or more subcontractors(s) who has their covering themselves.	own policy of workers' compensation insurance	
Has no more than two (2) employees and no subcontr	actors.	
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: Cynthia Jacobs	Date: 5/15/19	



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Application for Residential Building and Trades Permit

Owner's Name: Caviness Land Development	Date: _5/15/19
Site Address: 439 Angel Oak Drive	Phone: 910-339-6330
Subdivision: Forest Oaks	Lot: 292
Description of Proposed Work: New Home - Residential Construction	
General Contractor Information	
Caviness Land Development	910-339-6330
Building Contractor's Company Name	Telephone
1041 B Robeson Street, Fayetteville NC 28305	
Address	Email Address
37485	
License #	
Electrical Contractor Informati	<u>on</u> :Amps T-Pole: ☑ Yes ☐ No
Description of Work New Residential Service Size Southern Pride Electric	910-750-9436
Electrical Contractor's Company Name	
370 Slapout Road, Mt. Olive NC 28365	Telephone
Address	southernpride.mp@gmail.com Email Address
24726	Email Address
License #	
Mechanical/HVAC Contractor Infor	mation
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 Informati	<u>on</u>
Description of Work New Residential Plumbing	# Baths
Shawn Glover	919-868-0959
Plumbing Contractor's Company Name	Telephone
304 Quail Hollow, Sanford, NC 27332	
Address	Email Address
23160	
License #	
Insulation Contractor Informati	
Cumberland Insulation 4205 Clinton Rd.Fayetteville NC 28312	910-484-7118
Insulation Contractor's Company Name & Address	Telephone



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Signature of Owner/Contractor/Officer(s) of Corporation 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 set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insurance to covered.		
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 set forth in the permit:		
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 set forth in the permit:		
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 set forth in the permit:		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing set forth in the permit:		
set forth in the permit:		
Has three (3) or more employees and has obtained workers' compensation insurance to cover	I the work	
	er them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to them.	o cover	
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation in covering themselves.	surance	
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: Cynthia Jacobs Date: 5/15/19		