

Subcontractor Change



Permit Application # SFD1904-0011

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: 4/29/19
Site Address: 270 Angel Oak Dr. Phone: 910-339-6330
Subdivision: Forest Oaks Lot: 246
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 Information

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 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 2 1/2
Glover Contract Plumbing, Inc 919-868-0959
Plumbing Contractor's Company Name Telephone
304 Quail Hollow, Sanford NC 27332
Address Email Address
23160
License #

Insulation Contractor Information

Tricity Insulation, 334 East Mountain Dr, 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.

Cynthia Jacobs

4/29/19

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: *Cynthia Jacobs*

Date: 4/29/19