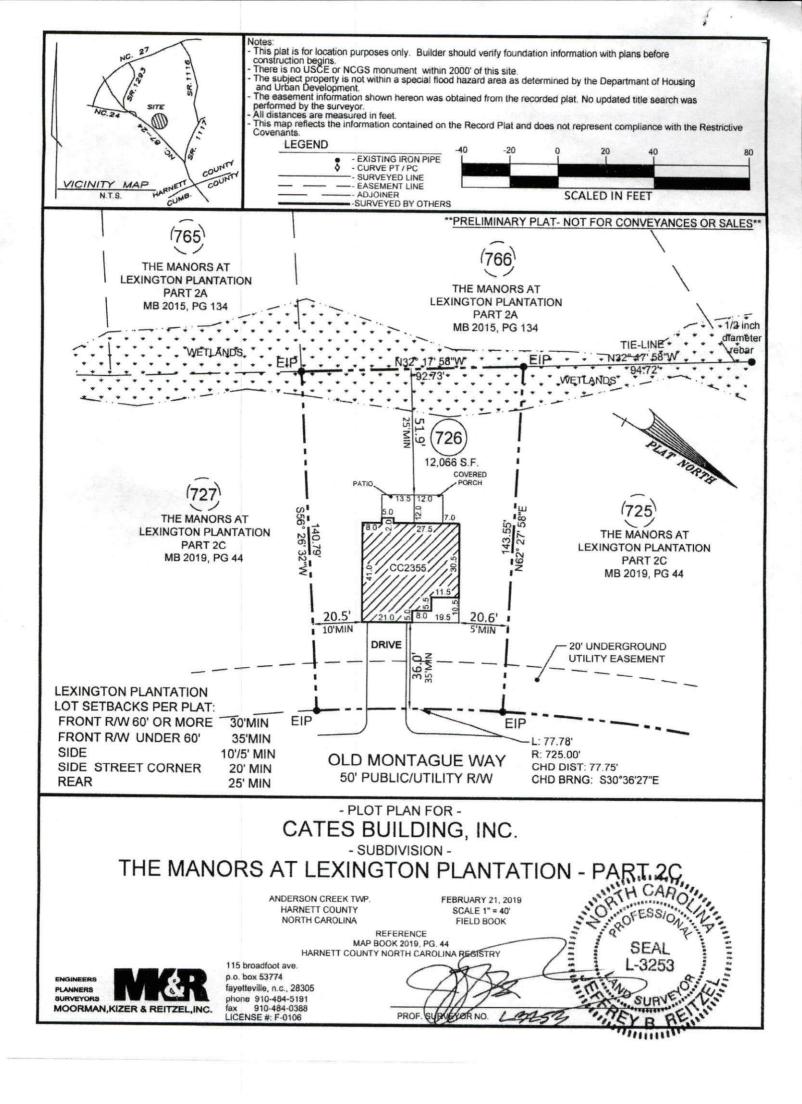
Initial Application Date:	CU#
COUNTY OF HARNE	T RESIDENTIAL LAND USE APPLICATION Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
Central Permitting 108 E. Front Street, Lillington, NC 27546	PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO	1-29 Executive Place Suite 400
LANDOWNER: Cates Building Inc	Mailing Address: 639 Executive Place Suite 400
city: Fayettoville State: 11 Zip: 283	26 Contact No: 910 · 481 · 0503 Email:
APPLICANT: (Ates Building Inc Mailing)	Address: 639 Executive Place Suite 400
City: Fayetteville State: NC Zip 2830 *Please fill out applicant information if different than landowner	5 Contact No: 910-481-0503 Email: angie @Caviness and cates
Please III ON APPICANT MICHIGAN IN OFFICE: Awgie Fou	oferPhone # 910-481-0503
CONTACT NAME APPLITING IN CITIES.	101# 72/6 Lot Size: •2/6
PROPERTY LOCATION: Subdivision: Manol 5 @ Lex	ington Plantation Lot #: 726 Lot Size: 26
	on toalle wall was book at age.
State Road # 11 State Road Name: 010 11	ed Book & Page: 3683/511-5/2 Power Company*: Central EMC
Zoning: AR- LOC Flood Zone: NO Watershed: NO De	ed Book & Page: 2007 5 from Progress Energy.
*New structures with Progress Energy as service provider need to	supply premise number from Progress Energy.
PROPOSED USE:	Monolithic
1 10 11111 11 11 150000	ment(w/wo bath): Garage: X Deck: Crawl Space: Slab: Slab: X
(Is the bonus room finished? () ye	s (X) no w/a closer! () you ()
# Redrooms # Baths Base	ment (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
(Is the second floor finished? () y	es () no Any other site built additions? () yes () no
CW DW TW/Size	:) # Bedrooms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings:	
☐ Home Occupation: # Rooms: Use:	Hours of Operation:#Employees:
	Closets in addition? () yes () no
Water Supply: County Existing Well New	Nell (# 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 manufa	ctured home within five hundred feet (500') of tract listed above:
Does the property contain any easements whether underground	or overhead () yes) no Other (specify):
Structures (existing or proposed): Single family dwellings:	Manufactured Homes:Other (specify):
Required Residential Property Line Setbacks: Co.	nments:
Front Minimum 35 Actual 36	
Rear 25 51.9'	
Sidestreet/corner lot_1/A n/A	
Nearest Building N/A N/A	2044
on same lot Residential Land Use Application	Page 1 of 2 03/11 ICATION CONTINUES ON BACK
AFFE	

Application # _

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
	3
	7
	- "
If permits are granted I agree to conform to all ordinance, and laws of the State of North Carolina regulating such work I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revoc	and the specifications of plans submitted ation if false information is provided.
Signature of Winer or Owner's Agent 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



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Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match 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 (Ates Building Inc	Date
Site Address 11 010 Mantague Way, Cameron N	2832 Phone 910-481-0503
Directions to job site from Lillington	
Subdivision Manars @ Lexington Plantation	Lot 126
Description of Proposed Work Single Tamily Owelling	# of Bedrooms
Heated SF 2355 Unheated SF 781_ Finished Bonus Room? r General Contractor Information	O Crawl Space Slab X
Cates Building, INC	910-481-0503
Building Contractor's Company Name	910-481-0503 Telephone
639 Executive Place, Suite 400 Fagetteville Address NC 28305	angie @ carinessand cates
Address	Email Address
3885/	
License # Electrical Contractor Information	l landa
Description of Work Service Size _	Amps T-PoleYesNo
Electrical Control TArheel Electric	910-303-2334 Telephone
PO. Box 458 Stedman NC 2839/	Telephone
Address	Email Address
22985-4	
License #	alle s
License # Mechanical/HVAC Contractor Inform	ation
License # Mechanical/HVAC Contractor Inform Description of Work	
Description of Work Arolina Comfort Air, Inc	919 - 550 - 7711 Telephone
Description of Work Arolina Comfort Air, Inc. Mechanical Contractor's Company Name	919-550-7711
Description of Work Arolina Comfort Air, Inc	919-550-7711
Description of Work Carolina Comfort Air, Inc. Mechanical Contractor s Company Name 52/2 US HWW	919-550-7711 Telephone
Mechanical/HVAC Contractor Inform Description of Work Carolina Comfort Air, Inc. Mechanical Contractor's Company Name 52/2 US HWY Address 29077 License #	919-550-7711 Telephone Email Address
Description of Work Carolina Comfort Air, Inc Mechanical Contractor's Company Name 52/2 US Hwy Address 29077 License # Plumbing Contractor Information	919-550-7711 Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work Arolina Comfort Air Trac Mechanical Contractor's Company Name 52/2 US HWY Address 29077 License # Plumbing Contractor Information Description of Work	919 - 550 - 7711 Telephone Email Address # Baths
Mechanical/HVAC Contractor Inform Description of Work Arolina Comfort Air Fnc Mechanical Contractor's Company Name 52/2 US HWY Address 29077 License # Plumbing Contractor Information Description of Work Vance Sohnson Plumbing	919-550-7711 Telephone Email Address
Description of Work Carolina Comfort Air, Inc Mechanical Contractor's Company Name 52/2 US HWY Address 29077 License # Plumbing Contractor Information Description of Work Vance Johnson Plumbing Plumbing Contractor's Company Name	919-550-7711 Telephone Email Address 1 # Baths 910-424-67/2 Telephone
Description of Work Arolina Comfort Air Fnc Mechanical Contractor's Company Name 52/2 US HWY Address 29077 License # Plumbing Contractor Information Description of Work Vance Sohnson Plumbing	919-550-7711 Telephone Email Address 1 # Baths
Mechanical/HVAC Contractor Inform Description of Work Carolina Comfort air, Inc Mechanical Contractor's Company Name 52/2 US HWY Address 29077 License # Plumbing Contractor Information Description of Work Vance Sohnson Plumbing Plumbing Contractor's Company Name 3242 mid Pines Dr. Fayetteville NC 28306 Address 7756-P1	919-550-7711 Telephone Email Address 1 # Baths 910-424-6712 Telephone
Description of Work Carolina Comfort Air, Inc Mechanical Contractor's Company Name 52/2 US HWY Address 29077 License # Plumbing Contractor Information Description of Work Vance Johnson Plumbing Plumbing Contractor's Company Name 3242 mid Pines Dr. Fayetteville NC 28306 Address 7756-P1 License #	Part Address Email Address Baths 910-424-6712 Telephone Email Address
Description of Work Aroliva Comfort Air, Inc. Mechanical Contractor's Company Name 52/2 US HWY Address 29077 License # Plumbing Contractor Information Description of Work Vance Tohnson Plumbing Plumbing Contractor's Company Name 3242 mid Pines Dr. Fayetteville NC 28306 Address 7756-Pl License # Insulation Contractor Information	Part Address Email Address Baths 910-424-6712 Telephone Email Address
Description of Work Carolina Comfort Air, Inc Mechanical Contractor's Company Name 52/2 US HWY Address 29077 License # Plumbing Contractor Information Description of Work Vance Johnson Plumbing Plumbing Contractor's Company Name 3242 mid Pines Dr. Fayetteville NC 28306 Address 7756-P1 License #	Part Address Email Address Baths 910-424-67/2 Telephone Email Address

*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 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 Sign w/Title

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1016758

Filed on: 03/27/2019

Initially filed by: CatesBuildingInc

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com into flower liense com/ Address: 19 W. Hargett St., Suite 507 /

Raleigh, NC 27601 Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com (mailte support@liensnc.com)

Owner Information

Cates Building Inc 639 Executive Place Suite 400 Fayetteville , NC 28305 United States Email: angie@cavinessandcates.com Project Property

Lot 726 Manors at Lexington PID 09956520 0282 31 Deed Book 3683 page 511-512 71 Old Montague Way Cameron , NC 28326 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

03/26/2019

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors: Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Phone: 910-481-0503

Technical Support Hotline: (888) 690-7384