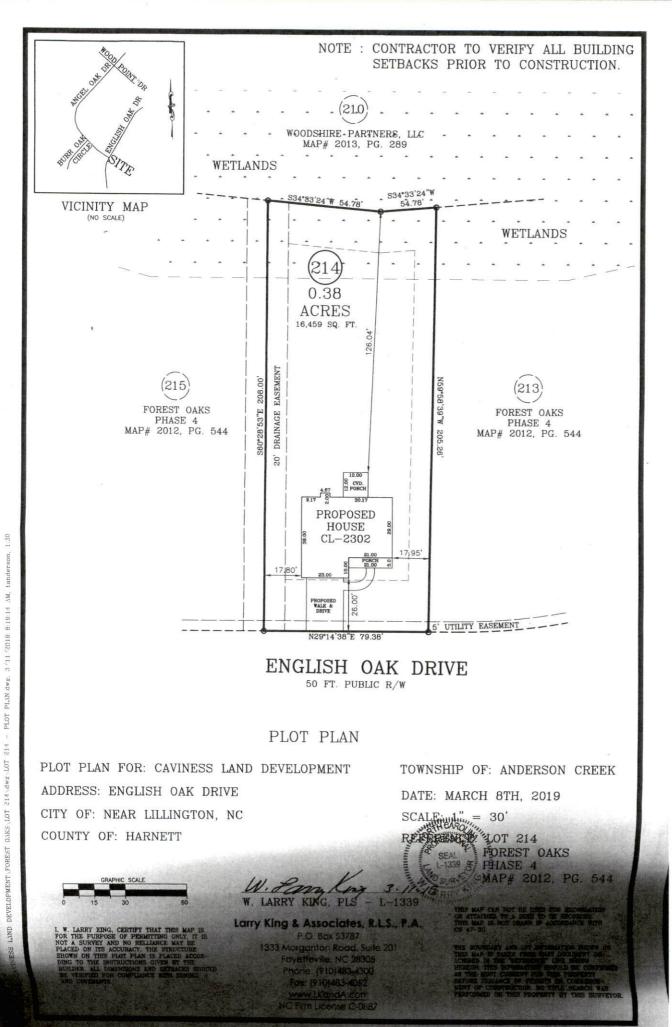


Initial Application Date: 5/6/19  Application #		
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits		
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & 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: Tony Fofi/Janine Lightner Phone # 910.237.2832 / 910.339.6330		
ADDRESS:		
DEED OR OTP: Contract to purchase included		
PROPOSED USE:		
SFD: (Size 44 x 51 ) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: Slab: Slab: Deck: Crawl Space: Slab:		
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site 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:		
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:		
Addition/Accessory/Other: (Sizex) Use:Closets in addition? ( ) yes ( ) no		
Water Supply:  County Existing Well New Well (# of dwellings using well ) *Must have operable water before final		
Sewage Supply: New Septic Tank Expansion Relocation Sevicting Septio Tank		
(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 (_\subseteq) no		
Does the property contain any easements whether underground or overhead (🗸) 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. Parallel and such work and the specifications of plans submitted.		
janine Lightner   Cynthia Jacobs 5/6/19  Signature of Owner or Owner's Agent Date		
Signature of owner or Owner's Agent  ***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





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: 5/6/19
Site Address: 200 English Oak Drive	Phone: 910-339-6330
Subdivision: Forest Oaks	Lot: 214
Description of Proposed Work: New Home - Residential Construction	on
General Contractor Informa	ation
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 S	ize:Amps T-Pole: X YesNo
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	Email Address
License #	
Mechanical/HVAC Contractor In	formation
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 Inform	
Description of Work New Residential Plumbing	# Baths 2 12
Shawn Glover	919-868-0959
Plumbing Contractor's Company Name	Telephone
304 Quail Hollow, Sanford, NC 27332	gloverplumbinging product mail.com
Address	Email Address
23160	
License #	
Insulation Contractor Inform	The second of th
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 <a href="bysigning-below-I have obtained all subcontractors">bysigning-below I have obtained all subcontractors</a> permission to obtain these permits and if <a href="mailto:any">any</a> 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	5/6/19	
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 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.		
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: 5/6/19	

## DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 1038744

Filed on: 05/06/2019 Initially filed by: cavland

### Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 /

Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

# Project Property

Forest Oaks Lot #214 200 English Oak Dr. Bunnlevel, NC 28323 Harnett County

### Property Type

1-2 Family Dwelling

### Date of First Furnishing

05/06/2019

### Owner Information

Janine Lightner 1041B Robeson Street Fayetteville, NC 28305 United States Email: janine@cavinessland.com

Phone: 910-339-6330

### 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

View Comments (0)

Technical Support Hotline: (888) 690-7384