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

Owners Name Ates Building Inc	Date <u>5-9-13</u>
	2 (5)
Site Address 51 Artillery Ln, Comercon, nc 28326	Phone <u>770 987 032</u>
Directions to job site from Lillington	
	3
Subdivision Manace Lexington Plantation	Lot _75
Description of Proposed Work Single Family Dwelling	# of Bedrooms
Heated SF 1821 Unheated SF 545 Finished Bonus Room? 16 Crawl Space Slab General Contractor Information	
Cates Building, INC	910-481-0503 Telephone
Building Contractors Communication	Telephone
639 Executive Place, Suite 400 Fagetteville Address NC 28305	angie @ cavinessand cates. com
Address NC 28305	Email Address
3885/	
License # Electrical Contractor Information	1
Description of Work Service Size	Amps T-PoleYesNo
Electrical Control Tarheel Electric 4 PO. Box 458 Stedman NC 2839/	910-303-2334
Electrical Control	Telephone
4 FO. BOX 458 Steaman N(2839)	Email Address
Address 22985-4	Email Address
License #	*
Mechanical/HVAC Contractor Information	
Description of Work	
Carolina Comfort air, Inc	919-550-7711
Mechanical Contractor's Company Name	Telephone
5212 US HWY	3
Address	Email Address
Plumbing Contractor Information	n
Description of Work	# Baths
Vance Johnson Plumbing	910-424-6712
Plumbing Contractor's Company Name	Telephone
3242 mid Pines Dr. FAYEtteville NC 28306	v
Address	Email Address
7756 - PI	
License # Insulation Contractor Informatio	n .
Cumberland Insulation 4205 Clinton Road	910-484-7118
Insulation Contractor's Company Name & Address	710-484-7118 Telephone
Fayetteville, NC 28312	. 5.5 p

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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the General Contractor Officer/Agent of the Contractor or Owner Owner Do hereby confirm under penalties of perjury that the person(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 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 Company or Name ualding Sign w/Title