

Initial Application Date: 11-15-19

Application # SFD1911-0024
CU# _____

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: Cates Building Inc. Mailing Address: 639 Executive Place Suite 40
City: Fayetteville State: nc Zip: 28305 Contact No: 910-481-0503 Email: _____

APPLICANT: Cates Building Inc Mailing Address: 639 Executive Place Suite 400
City: Fayetteville State: NC Zip: 28305 Contact No: 910-481-0503 Email: angie@CAViness and cates.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Angie Fowler Phone # 910-481-0503

PROPERTY LOCATION: Subdivision: Manors@ Lexington PT 2C Lot #: 672 Lot Size: .23
State Road # 146 State Road Name: Artillery Lane Map Book & Page: 2019/ 44
Parcel: 09956520 0282 07 PIN: 9595.42.3026.006
Zoning: RA-208 Flood Zone: no Watershed: no Deed Book & Page: 3366/ 0756 Power Company*: Central EMC

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

SFD: (Size 38 x 29) # Bedrooms: 3 # Baths: 2.5 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: _____ Slab: _____ Slab:
(Is the bonus room finished? yes no w/ a closet? yes no (if yes-add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? yes no Any other site built additions? yes no

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) 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 (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? yes no

Does the property contain any easements whether underground or overhead yes no

Structures (existing or proposed): Single family dwellings: 1 Proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum 35' Actual 36'
Rear 25 34.5'
Closest Side 5 21.1'
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: _____

09/09/11

Application #

SF01911-0024

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

Application for Residential Building and Trades Permit

Owner's Name Cates Building Inc Date 5-9-13
Site Address 146 Artillery Lane, Cameron, NC 28326 Phone 910-481-0503
Directions to job site from Lillington

Subdivision Manors @ Lexington Plantation Lot 672
Description of Proposed Work Single Family Dwelling # of Bedrooms
Heated SF 1997 Unheated SF 622 Finished Bonus Room? Crawl Space Slab X

General Contractor Information

Cates Building, INC 910-481-0503
Building Contractor's Company Name Telephone
639 Executive Place, Suite 400 Fayetteville NC 28305 angie@carinessandcates.com
Address Email Address
38851 License #

Electrical Contractor Information

Description of Work Service Size Amps T-Pole Yes No
Tarheel Electric 910-303-2334
Electrical Contractor Telephone
PO Box 458 Stedman NC 28391
Address Email Address
22985-4 License #

Mechanical/HVAC Contractor Information

Description of Work
Carolina Comfort Air, Inc 919-550-7711
Mechanical Contractor's Company Name Telephone
5212 US Hwy
Address Email Address
20515 License #

Plumbing Contractor Information

Description of Work # Baths
Vance Johnson Plumbing 910-424-6712
Plumbing Contractor's Company Name Telephone
3242 mid Pines Dr. Fayetteville NC 28306
Address Email Address
7756-P1 License #

Insulation Contractor Information

Cumberland Insulation 4205 Clinton Road 910-484-7118
Insulation Contractor's Company Name & Address Telephone
Fayetteville, NC 28312

*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

11-15-19
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

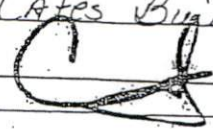
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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

Company or Name Cates Building Inc

Sign w/Title  Date 11-15-19