



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: _____

Site Address: 373 Angel Oak Dr Phone: 910-339-6330

Subdivision: Forest Oaks Phase 5 Lot: 297

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: 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 _____

Shawn Glover 919-868-0959

Plumbing Contractor's Company Name Telephone

304 Quail Hollow, Sanford, NC 27332

Address Email Address

23160

License # _____

Insulation Contractor Information

Cumberland Insulation 4205 Clinton Rd. Fayetteville NC 28312 910-484-7118

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
Signature of Owner/Contractor/Officer(s) of Corporation

04/08/2020
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: 04/08/2020