

09/09/11

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.

Application for Residential Building and Trades Permit

Owner's Name Cates Building Inc Date 5-9-13  
Site Address 254 Old Montague Way, Cameron Phone 910-481-0503  
Directions to job site from Lillington \_\_\_\_\_

Subdivision Manors@Lexington PT 2C Lot 707  
Description of Proposed Work Single Family Dwelling # of Bedrooms 4  
Heated SF 2355 Unheated SF 781 Finished Bonus Room? no Crawl Space \_\_\_\_\_ Slab

General Contractor Information

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

Electrical Contractor Information

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No  
Tarheel Electric Telephone 910-303-2334  
Electrical Contractor's Company Name  
PO BOX 458 Stedman NC 28391 Email Address \_\_\_\_\_  
Address 22985-6  
License #

Mechanical/HVAC Contractor Information

Description of Work \_\_\_\_\_  
Carolina Comfort Air, Inc Telephone 919-550-7711  
Mechanical Contractor's Company Name  
5212 US Hwy Email Address \_\_\_\_\_  
Address 32825  
License #

Plumbing Contractor Information

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

Insulation Contractor Information

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

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 [Signature] Date \_\_\_\_\_