



Initial Application Date: \_\_\_\_\_

Application # \_\_\_\_\_

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: Caviness Land Development Mailing Address: 1041B Robeson St
City: Fayetteville State: NC Zip: 28305 Contact No: 910-339-6330 Email: cynthia@cavinessland.c

APPLICANT\*: same Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

ADDRESS: 114 Silk Oak Drive (lot 271) PIN: 0516-07-6078

Zoning: \_\_\_\_\_ Flood: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book / Page: \_\_\_\_\_

Setbacks - Front: 36.00 Back: 132.61 Side: 18.03 Corner: 14.47

PROPOSED USE:

Change to Crawl Space

- Checkboxes for SFD, Mod, Manufactured Home, Duplex, Home Occupation, Addition/Accessory/Other with various field inputs for size, bedrooms, baths, etc.

Water Supply: X County Existing Well New Well (# of dwellings using well) \*Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank X County Sewer (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 (X) no

Does the property contain any easements whether underground or overhead (X) 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. Permit subject to revocation if false information is provided.

Cjacobs Signature of Owner or Owner's Agent

7/13/2020 Date

\*\*\*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



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: 114 Silk Oak Drive Phone: 910-339-6330  
Subdivision: Forest Oaks Phs 5 Lot: 271  
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 cynthia@cavinessland.com  
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 # Baths 2 1/2  
Glover Plumbing 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.**

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

7/13/2020  
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: Cjacobs

Date: 7/13/2020

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 1272343

Filed on: 07/13/2020

Initially filed by: cavland

**Designated Lien Agent**

Investors Title Insurance Company

Online: [www.liensnc.com](http://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](mailto:support@liensnc.com)

**Project Property**

FO-5 lot 271  
114 Silk Oak Dr.  
Bunnlevel, NC 28323  
Harnett County

**Property Type**

1-2 Family Dwelling

**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 project.

**Owner Information**

Janine Lightner  
1041B Robeson Street  
Fayetteville, NC 28305  
United States  
Email: [janine@cavinessland.com](mailto:janine@cavinessland.com)  
Phone: 910-339-6330

**Date of First Furnishing**

07/13/2020

View Comments (0)

Technical Support Hotline: (888) 690-7384