



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:

ADDRESS: 78 Southern Oak Ct (lot 262) PIN: 0516-06-0971

Zoning: Flood: Watershed: Deed Book / Page:

Setbacks - Front: 36.00 Back: 59.04 Side: 17.92 Corner: 12.26

PROPOSED USE:

- SFD: (Size 54 x 56) # Bedrooms: 4 # Baths: 2.5 Basement(w/w bath): Garage: X Deck: Crawl Space: Slab: Slab: X
Mod: (Size x) # Bedrooms # Baths Basement (w/w bath) Garage: Site Built Deck: On Frame Off Frame
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: X County Existing Well New Well (# of dwellings using well) *Must have operable water before final
Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank X 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 (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

7/16/2020 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: 7/16/2020
Site Address: 78 Southern Oak Ct Phone: 910-339-6330
Subdivision: Forest Oaks Phs 5 Lot: 262
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
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

7/16/2020
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: 7/16/2020

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1272342

Filed on: 07/13/2020

Initially filed by: cavland

Designated Lien Agent

Investors Title Insurance Company

Online: 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

Project Property

FO-5 lot 262
78 Southern Oak Ct
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
Phone: 910-339-6330

Date of First Furnishing

07/13/2020

View Comments (0)

Technical Support Hotline: (888) 690-7384