

Application #

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Cates Buidling Inc.	Date: 09/23/20
Site Address: 129 Old Mantague way, Cameron, NC 28326	
	Lot: 722
Description of Proposed Work: New Construction	Total Job Cost: \$177,000.00
General Contractor Informat	
Cates Building Inc.	910-481-0503
Building Contractor's Company Name	Telephone
639 Executive Place, Suite 400, Fayetteville, NC	patty@cavinessandcates.con
Address	Email Address
38851 HEATED SQ FT 2308 GARAGE	SQ FT 496
License #	
Description of Work New Construction Service Siz	tion e:Amps T-Pole:YesNo
Tarheel Electric	910-303-2334
Electrical Contractor's Company Name	Telephone
P.O.Box 458 Stedman NC 28334	
Address	Email Address
22985 - L	
License #	
Mechanical/HVAC Contractor Info	ormation
Description of WorkNew Construction	
Carolina Comfort Air, Inc.	919-550-7711
Mechanical Contractor's Company Name	Telephone
5212 US Hwy	
Address	Email Address
29077 License #	
Plumbing Contractor Informa	tion
Description of Work New Construction	# Baths 2.5
Vance Johnson Plumbing	910-424-6712
Plumbing Contractor's Company Name	Telephone
3242 Midpine Drive, Fayetteville, NC	, ciopinente
Address	Email Address
7756 - PI	
License #	
Insulation Contractor Informa	
Cumberland Insulation 4205 Clinton Road, 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.

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

9.30.20

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X 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.	
$\underline{\hspace{1cm}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.	
$\frac{x}{\text{covering themselves}}$. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance	
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: - President Date: 9.30.20	