



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: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

APPLICANT*: Caviness Land Development Mailing Address: 1041 B Robeson St

City: Fayetteville State: NC Zip: 28305 Contact No: 910-339-6330 Email: cynthia@cavinessland.com

*Please fill out applicant information if different than landowner

ADDRESS: 155 Silk Oak Dr (Forest Oaks Lot 312) PIN: 0516-07-8347

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: 36.00 Back: 62.23 Side: 16.50 Corner: 16.50

PROPOSED USE:

SFD: (Size 42 x 54) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): _ _ Garage: X Deck: _ Crawl Space: _ Slab: _ Slab: X (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Mod: (Size _ x _) # Bedrooms _ # Baths _ Basement (w/wo bath) _ _ Garage: _ Site Built Deck: _ On Frame _ Off Frame _ (Is the second floor finished? () yes () no Any other site built additions? () yes () no

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 (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 () 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

01/22/2021 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

strong roots • new growth



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: 1/22/21
Site Address: 155 Silk Oak Drive Phone: 910-339-6330
Subdivision: Forest Oaks Phs 5 Lot: 312
Description of Proposed Work: New Home - Residential

General Contractor Information

Caviness Land Development 910-339-6330
Building Contractor's Company Name Telephone
1041 B Robeson St. 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
Carolina Comfort Air 910-339-2374
Mechanical Contractor's Company Name Telephone
701 N Clinton Ave, Dunn NC 28334
Address Email Address
29077
License #

Plumbing Contractor Information

Description of Work New Residential # Baths 2.5
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.

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

01/22/2021
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: 01/22/2021

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1386753

Filed on: 01/21/2021

Initially filed by: cavland

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (<mailto:support@liensnc.com>)

Address: 223 S. West Street, Suite 900 /
Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Owner Information

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

Project Property

Forest Oaks lot 312
155 Silk Oak Dr
Bunnlevel, NC 28323
Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

01/21/2021

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384