

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

	_ 1 1		
Owner's Name: Caviness & Cates Builidng and Developmen	t Co Date: 2021		
Site Address: 109 Lake Crost Dive	Phone: (910)778-7902		
Subdivision: Anderson Creek Club/Anderson Creek Crossing	Lot: _170		
Description of Proposed Work: new single family dwelling	Total Job Cost: 233000		
General Contractor Informa			
	Table 10 Company of the Company of t		
Caviness & Cates Building and Development Company Building Contractor's Company Name	(910) 778-7902 Telephone		
639 Executive Place Ste 400 Fayetteville, NC 28305 Address	pam@cavinessandcates.com Email Address		
59586	U2/2		
License #			
Electrical Contractor Inform	ation		
	ize: 200 Amps T-Pole: X Yes No		
Tarheel Pride Electric Corp	(910) 303-2334		
Electrical Contractor's Company Name	Telephone		
PO BOX 458 Stedman, NC	thpelectric02@yahoo.com		
Address	Email Address		
22985-L			
License #			
Mechanical/HVAC Contractor Int	ormation		
Description of Work new residential/new system			
Carolina Comfor Air	(910) 339-2374		
Mechanical Contractor's Company Name	Telephone		
PO Box 699 Dunn, NC	rebecca@carolinacomfortair.com		
Address	Email Address		
29077			
License #			
Plumbing Contractor Information	<u>ation</u>		
Description of Work new residential/new system	# Baths		
Vance Johnson Plumbing	(910) 424-6712		
Plumbing Contractor's Company Name	Telephone		
3242 Midpine Drive Fayetteville, NC	eblanchard@vjplumbing.com		
Address	Email Address		
7756-PL			
License #	4		
Insulation Contractor Informs	ition		
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	2	n/21	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	, , , , , , , , , , , , , , , , , , , ,	
catto			

ASSID THE THE PROPERTY OF THE
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
X General Contractor X 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.
x 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: VICE DIESICONT Date: Diesicont permitting Di