

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: Caviness Land Development Date: 04/0 | | | |
|---|--|--|--|
| Site Address: 186 Silk Oak Dr | Phone: 910-339-6330 | | |
| Subdivision: Forest Oaks Phs 5 | Lot: 276 | | |
| Description of Proposed Work: New Home - Residential | Total Job Cost: \$148,500.00 | | |
| General Contractor Informa | | | |
| 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 HEATED SQ FT 2310 GARAGE | SQ FT 504 | | |
| License # | | | |
| Description of Work New Home - Residential Service Size | ation Ze: Amns T-Pole: Y Ves 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 | | |
| 34726 | | | |
| License # | | | |
| Mechanical/HVAC Contractor Info | ormation | | |
| Description of Work New Home - Residential | | | |
| Carolina Comfort Air | 910-339-2374 | | |
| Mechanical Contractor's Company Name | Telephone | | |
| 701 N Clinton Ave, Dunn NC 28334 Address | Email Address | | |
| 29077 | Email Address | | |
| License # | | | |
| Plumbing Contractor Information | tion | | |
| Description of Work New Home - Residential | # Baths | | |
| Shawn Glover | 919-868-0959 | | |
| Plumbing Contractor's Company Name | Telephone | | |
| 304 Quail Hollow, Sanford NC 27332 | | | |
| Address | Email Address | | |
| 23160 | | | |
| icense # Insulation Contractor Informat | ion | | |
| | AND STATE OF THE SECOND ST | | |
| Cumberland Insulation 4205 Clinton Rd Fayetteville NC 28312 nsulation Contractor's Company Name & Address | 910-484-7118 Telephone | | |
| | 1 0100110110 | | |

*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.

| is as per current fee schedule. | | | | |
|---|------------------|--|--|--|
| Cjacobs Signature of Owner/Contractor/Officer(s) of Corporation | 04/07/2021 | | | |
| Signature of Owner/Contractor/Officer(s) of Corporation | Date | | | |
| | | | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: | | | | |
| General Contractor Owner X 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. | | | | |
| $\frac{X}{\text{covering themselves}}$ 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: Cjacobs officer/agent | Date: 04/07/2021 | | | |
| V | | | | |



| Initial Application Date: | | A | pplication # | |
|--|--|---|---|----------------------------------|
| | | | CU# | |
| Central Permitting | COUNTY OF HARNET 108 E. Front Street, Lillington, NC 275 | TT RESIDENTIAL LAND USE APPL 46 Phone: (910) 893-7525 ext:2 | | www.harnett.org/permits |
| **A RECORDED S | URVEY MAP, RECORDED DEED (OR OFFER TO | PURCHASE) & SITE PLAN ARE REQUIR | ED WHEN SUBMITTING A LA | AND USE APPLICATION** |
| LANDOWNER: | The state of the s | Mailing Address: | | |
| City: | State: Zip: | Contact No: | Email: | |
| APPLICANT*: Cavines | ss Land Development Mailing | Address: 1041 B Robeson | St | |
| city: Fayetteville | State: NC Zip: 28305 | | | |
| | Silk Oak Dr (Lot 276) | _{PIN} . 0516-17- | -0028 | |
| | d: Watershed: | | | |
| | D Back: 22.79 Side: 22.76 Corn | | | |
| PROPOSED USE: | _ | | | |
| □ SFD: (Size 43 x 5 | 4_) # Bedrooms: 4_ # Baths: 2.5 Basem | nent(w/wo bath):_na_ Garage:_ X_ [| Deck: X Crawl Space: | Monolithic Slab: |
| | GARAGE SQ FT 504 (Is the bonus roo | | | |
| □ Modular: (Size | x)# Bedrooms# Baths Ba: | sement (w/wo bath) Garago: | Sita Built Dack | On Frame Off Frame |
| | (Is the second floor fir | | | |
| | | | | |
| ☐ Manufactured Home: | SWDWTW (Sizex_ |) # Bedrooms: Garage: | (site built?) Deck:_ | (site built?) |
| □ Duplex: (Sizex |) No. Buildings: N | o. Bedrooms Per Unit: | TOTAL HTD S | QFT |
| ☐ Home Occupation: # F | Rooms:Use: | Hours of Operation: | | #Employees: |
| ☐ Addition/Accessory/Ott | her: (Sizex) Use: | | Closets in ac | ddition? () yes () no |
| TOTAL HTD SQ FT | | | | <u> </u> |
| | | | | |
| Water Supply: X Coun | ty Existing Well New Wel | l (# of dwellings using well Complete New Well Application at th | _) *Must have operable le same time as New Tan | water before final |
| Sewage Supply: New (Complete B | Septic Tank Expansion Reloc Environmental Health Checklist on other s | ation Existing Septic Tank X | | · · |
| | and, own land that contains a manufacture | | 0') of tract listed above? (| () yes (<u>X</u>) no |
| Does the property contain a | ny easements whether underground or ov | rerhead (X) yes () no | | |
| Structures (existing or propo | sed): Single family dwellings: | Manufactured Homes: | Other (spec | ify): |
| f permits are granted I agre- hereby state that foregoing | e to conform to all ordinances and laws of statements are accurate and correct to the | f the State of North Carolina regulations best of my knowledge. Permit suit | ng such work and the spe | ecifications of plans submitted. |
| , | Cjacobs | | 04/07/2021 | |
| - | | | | |

Signature of Owner of Owner's Agent

****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

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1437362

Filed on: 04/07/2021 Initially filed by: cavland

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com@hindewwherene comp Address: 223 S. West Street, Suite 900 /

Raleigh, NC 27603 Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com (particular rest)

Owner Information

Janine Lightner 1041B Robeson Street Fayetteville, NC 28305 United States Email: janine@cavinessland.com

Phone: 910-339-6330

View Comments (0)

Project Property

Forest Oaks phs5 iot 276 186 Silk Oak Dr Bunnlevel, NC 28323 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

04/07/2021

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.

Technical Support Hotline: (888) 690-7384