

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

on on license.	Deter
Owner's Name: Caviness & Cates Builidng and Development C	Date:
Site Address: Lolo Kensington Dr. Spring Lake, no	2 18390 Phone: (910)778-7902
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Subdivision: Anderson Creek Club/Anderson Creek Crossing Description of Proposed Work: new single family dwelling General Contractor Information	Total Job Cost: <u>203,000 ·</u>
General Contractor Informati	<u>on</u>
C O. C. t Prilling and Development Company	(910) 778-7902
Caviness & Cates Building and Development Company Building Contractor's Company Name	Telephone
639 Executive Place Ste 400 Fayetteville, NC 28305	pam@cavinessandcates.com Email Address
Address	
59586 HEATED SQ FILE GARAGE	SQ FT
License # Electrical Contractor Informat	tion
Description of Work <u>new residential/new system</u> Service Size	e: 200 Amps T-Pole: X Yes No
	(910) 303-2334
Tarheel Pride Electric Corp Electrical Contractor's Company Name	Telephone
PO BOX 458 Stedman, NC	thpelectric02@yahoo.com
Address	Email Address
	_
Mechanical/HVAC Contractor Info	<u>rmation</u>
Description of Worknew residential/new system	4
Carolina Comfor Air	(910) 339-2374
Mechanical Contractor's Company Name	Telephone
PO Box 699 Dunn, NC	rebecca@carolinacomfortair.com
Address	Email Address
29077	Ę.
License #	Ain.
Plumbing Contractor Informa	
Description of Work <u>new residential/new system</u>	# 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 # Insulation Contractor Informa	tion
	(910) 484-7118
Cumberland Insulation 4205 Clinton Road Fayetteville, NC 28312	Telephone
Insulation Contractor's Company Name & Address	Colophone

*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.

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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.
$\frac{x}{\text{covering themselves}}$. 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: 10.14.2021
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