



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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Forest Oaks Five, LLC

Owner's Name: ~~Caviness Land Development~~ Date: 11/17/2021
Site Address: 109 Southern Oak Ct Phone: 910-339-6330
Subdivision: Forest Oaks Phs5 Lot: 266
Description of Proposed Work: New Home - Residential Total Job Cost: \$174,665.89

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 HEATED SQ FT 2310 GARAGE SQ FT 504
License #

Electrical Contractor Information

Description of Work New Home - Residential Service Size: 200 Amps T-Pole: Yes No
Southern Pride Electric 919-750-9436
Electrical Contractor's Company Name Telephone
370 Slapout Road Mount Olive NC 28365
Address Email Address
24726
License #

Mechanical/HVAC Contractor Information

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
License #

Plumbing Contractor Information

Description of Work New Home - 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

11/17/2021
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 officer/agent Date: 11/17/2021



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: Forest Oaks Five, LLC 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: 109 Southern Oak Ct (lot 266) PIN: 0516-06-4930

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

Setbacks – Front: 26.66 Back: 121.01 Side: 24.36 Corner: 28.76

PROPOSED USE:

SFD: (Size 43 x 54) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): _____ Garage: Deck: Crawl Space: Slab: _____ Slab: _____
TOTAL HTD SQ FT 2376 **GARAGE SQ FT** 434 (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Modular: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
TOTAL HTD SQ FT _____ (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: _____ **TOTAL HTD SQ FT** _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no
TOTAL HTD SQ FT _____ **GARAGE** _____

Water Supply: 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 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 () 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

11/17/2021

Signature of Owner or Owner's Agent

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