



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

Owner's Name: Caviness & Cates Building and Development Co Date: 1-20-2022
Site Address: 356 Kensington Drive, Spring Lake, NC Phone: (910)778-7902
Subdivision: Anderson Creek Club/Anderson Creek Crossing Lot: 188
Description of Proposed Work: new single family dwelling Total Job Cost: \$ 177,000.⁰⁰

General Contractor Information

Caviness & Cates Building and Development Company (910) 778-7902
Building Contractor's Company Name Telephone
639 Executive Place Ste 400 Fayetteville, NC 28305 pam@cavinessandcates.com
Address Email Address
59586 HEATED SQ FT 2355 GARAGE SQ FT 443
License #

Electrical Contractor Information

Description of Work new residential/new system Service Size: 200 Amps T-Pole: 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 Information

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

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 #

Insulation Contractor Information

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.

Pamela M. Seddy for Council 1.20.2022
Signature of Owner/Contractor/Officer(s) of Corporation Date
cates

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:

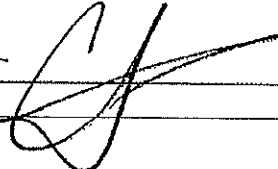
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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: Vice President  Date: _____