



ML 679

Application # \_\_\_\_\_

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546  
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* 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: Cates Building Inc. Date 3.3.2022  
Site Address: 30 Princeton Pt. Cameron, NC, 28326 Phone 910.481.0503  
Subdivision: Manors@ Lexington Plantation Lot 679  
Description of Proposed Work: New Single Family Dwelling Total Job Cost \$177,000.<sup>00</sup>

**General Contractor Information**

Cates Building Inc. 910.481.0503  
Building Contractor's Company Name Telephone  
639 Executive Place, Suite 400, Fayetteville NC Patty@CavinessandCates.com  
Address 28305 Email Address  
38851 HEATED SO FET 2355 GARAGE SO FET 476  
License #

**Electrical Contractor Information**

Description of Work New Service Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Tarheel Electric 910.303.2334  
Electrical Contractor's Company Name Telephone  
P.O. Box 458 Stedman, NC 28391 \_\_\_\_\_  
Address Email Address  
22985-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Service  
Carolina Comfort Air 919.303.2334  
Mechanical Contractor's Company Name Telephone  
5212 US 70 Bus. Hwy W., Clayton NC, \_\_\_\_\_  
Address 29520 Email Address  
29077  
License #

**Plumbing Contractor Information**

Description of Work New Service # Baths \_\_\_\_\_  
Vance Johnson Plumbing 910.424.6712  
Plumbing Contractor's Company Name Telephone  
3242 mid Pine Drive, Fayetteville, NC \_\_\_\_\_  
Address 28306 Email Address  
7756  
License #

**Insulation Contractor Information**

Cumberland Insulation - 4205 Clinton Rd 910.484.7118  
Insulation Contractor's Company Name & Address Telephone  
Fayetteville, NC 28312

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

**HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES**

**Equal Opportunity Provider and Employer**

**Water User's Agreement**

**Form Must be Completed in Full Before Service is Made Available. I.D. is Required.**

**\*\*\*DEPOSITS BELOW APPLY TO APPROVED CREDIT ONLY\*\*\***

Today's Date <u>3.3.2022</u> Contract Date _____	Fees Due: Deposit, Owner, Water \$25	Set Up Fee,
Date Service Requested _____	Deposit, Owner, Sewer \$25	all accounts: \$15
	Deposit, Rental, Water \$50	
	Deposit, Rental, Sewer \$50	Meter Fee: \$70

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and /or sewer service connections at the following location:

Service Address: 30 Princelet PT. Cameron, NC 28326

Owner  Renter \_\_\_\_\_ (PROPERTY OWNER & PHONE NO.) Cates Building Inc.

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>Cates Building Inc.</u>		NAME (FIRST, LAST)	
MAILING ADDRESS: <u>639 Executive Place Suite 400, Fayetteville, NC 28305</u>			
SOCIAL SECURITY # OR TIN <u>56-1957436</u>	CONTACT PHONE # <u>910.481.0503</u>	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME	
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRESS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS	
NAME OF NEAREST RELATIVE AND PHONE #		NAME OF NEAREST RELATIVE AND PHONE #	

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. **Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. HARNETT COUNTY IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS.** Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service.

By signing this application, you are agreeing that you are at least 18 years of age.

**Customer Signature** 

FOR OFFICE USE ONLY  
FEES: Set-Up Fee \$15  Deposit \$ \_\_\_\_\_ Same Day \$45 \_\_\_\_\_ Meter Fee \$70  Damage \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Account # Transferred From: \_\_\_\_\_ Date To Turn Off \_\_\_\_\_

ACCOUNT #: CID: \_\_\_\_\_ LID: \_\_\_\_\_ WATER \_\_\_\_\_ SEWER \_\_\_\_\_ CREDIT: APPROVED / DENIED

Turn On: \_\_\_\_\_ Unlock Only: \_\_\_\_\_ Read Only: \_\_\_\_\_ Install: \_\_\_\_\_ Customer Serv Rep: \_\_\_\_\_

Initial Application Date: 3.3.2022

Application # \_\_\_\_\_

CJ# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 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: Cates Building inc. Mailing Address: 639 Executive Place, Suite 400

City: Fayetteville State: NC Zip: 28305 Contact No: 910-481-0503 Email: patty@cavinessandcates.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

ADDRESS: 30 Princelet Pt. Cameron NC 28326 PIN: 9595.42.7279.000

Zoning: ra-20r Flood: no ✓ Watershed: no ✓ Deed Book / Page: 2021/287

Setbacks - Front: 36' Back: 61'S Side: 19' Corner: \_\_\_\_\_

**PROPOSED USE:**

SFD: (Size 41 x 41) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): \_\_\_\_\_ Garage:  Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_ Slab:  Monolithic Slab:   
**TOTAL HTD. SQ. FT. 2355 GARAGE SQ. FT. 476** (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: one 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.

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



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.~~

*[Handwritten Signature]*

3.3.2022

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     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:

*[Handwritten Signature]*

- President

Date: 3.3.2022