

Application # _____

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

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

Application for Residential Building and Trades Permit

Application for Residential Building and Tr	udes / citile
Owner's Name: Cates Building Inc.	Date 3.3.2022
Site Address: 38 PrinceLet PT. Cameron, nC, 28326	
Subdivision: Manass @ Lexington	Lot (080
Description of Proposed Work: New Single Family Dwellin	Cy Total Job Cost \$ 175,000.00
General Contractor Information	
Cates Building Inc.	910.481.0503
Building Contractor's Company Name	Telephone
639 Executive Place, Suite 400, Foyetteville MC Address 28305	Patty @ Coviness and Cates. co
1 -	CONTRACTOR
38851 HEATED SQ FT 2325 GARAGE SQ	VET 443
License # Electrical Contractor Information	
Description of Work <u>New Service</u> Service Size:	
Tarkeel Electric	910 · 303 · 2334 Telephone
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
Machanical Contractor's Company Nama	Telephone
5212 US 70 Bus. Hwy W., Clayton NC. Address 27520	
	Email Address
29077 License #	
Plumbing Contractor Information	
Description of Work New Service	# Baths
Vance Johnson Plumbing	910.4124.6712
Plumbing Contractor's Company Name	Telephone
3242 Mid Pine Drive, Fayetteville, MC Address 28306	
Address 28306	Email Address
7756 License #	
Insulation Contractor Information	
Cumberland Insulation. 4205 clinton Rd	910.484.7118
Insulation Contractor's Company Name & Address	Telephone
Feyetteville, nc 28312	

*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 thave 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.

EXPLICITED PERMITTEES 6 Montras to 2 years permit recissue tee is \$150.00. After 2 years recissue tee.

3.3.2027

is as per current fee schedule

Signature of Owner/Contractor/Officer(s) of Corporation

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Owner Officer/Agent of the Contractor or Owner X General Contractor ___ 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. X 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. Date: 3.3.2022 President Sign w/Title:

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