

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

Owner's Name:Cates Building Inc.	
Site Address: 118 Old Montagre Way, Comeron, MC	28326 Phone 910-778-7904
Subdivision: Manors at Lexington Plantation	Lot 737
Description of Proposed Work: Ne Single Family Dwelling	Total Job Cost \$ 182,000, 66
General Contractor Info	,
Cates Building Inc.	910-778-7904
Building Contractor's Company Name	Telephone
639 Executive Place, Suite 400, Fayetteville NC 28305	patty@cavinessandcates.com
Address	Email Address
38851 HEATTED SOTET 2424 GAR	AGEISOURI 571
License #	
Description of Work New Service Electrical Contractor Info	e Size:Amps T-Pole: _X_YesNo
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	<u>Information</u>
Description of Work New Service	040,000,0004
Carolina Comfort Air	919-303-2334
Mechanical Contractor's Company Name 5212 US 70 Bus.Hwy West , Clayton NC 27520	Telephone
Address 29077	Email Address
License #	
Plumbing Contractor Info	<u>ormation</u>
Description of Work New Service	#Baths 2.5
Vance Johnson Plumbing	910-424-6712
Plumbing Contractor's Company Name 3242 Mid Pine Drive, Fayetteville, NC 28306	Telephone
Address	Email Address
7756 - PL	
License #	
Insulation Contractor Info	<u>ormation</u>
Cumberland Insulation - 4205 Clinton Road, Fayetteville, 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.



د سربروندسود د سد

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

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 that electrical 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 ree is \$150.00. After 2 years reassue ree

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