

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

Application for Residential Building and Trades Permit

Covinees & Cates Builidge and Development C	o Date: 6 16 d0
Owner's Name: Caviness & Cates Builidng and Development C	Dhone: (910)778-7902
Site Address: 321 Timber Skip Dr., Spring Lake, nc, 283	Lot: 154
Subdivision: Anderson Creek Club/Anderson Creek Crossing	# 003 000 6
Description of Proposed Work: _new single family dwelling	Total Job Cost: \$ 203.000.
General Contractor Information	
Caviness & Cates Building and Development Company Building Contractor's Company Name	(910) 778-7902 Telephone
639 Executive Place Ste 400 Fayetteville, NC 28305 Address	pam@cavinessandcates.com Email Address
59586 HEATED SQ FTQ 695 GARAGES	50 ET 501
Vicence #	
Description of Work new residential/new system Service Size	: 200 Amps T-Pole: X Yes No
Tarbeel Pride Electric Corp	(910) 303-2334 Telephone
Electrical Contractor's Company Name	
PO BOX 458 Stedman, NC	thpelectric02@yahoo.com Email Address
Address	
22985-L License #	
Mechanical/HVAC Contractor Info	rmation
Description of Work new residential/new system	
Carolina Comfor Air	(910) 339-2374
Mechanical Contractor's Company Name	Telephone
PO Box 699 Dunn, NC Address	rebecca@carolinacomfortair.com Email Address
29077	•
License #	2
Plumbing Contractor Informat	lion 2 C
Description of Work new residential/new system	# Baths_3.5
Vance Johnson Plumbing	(910) 424-6712
Plumbing Contractor's Company Name	Telephone
3242 Midpine Drive Fayetteville, NC	eblanchard@vjplumbing.com Email Address
Address	Email Address
7756-PL	
License # Insulation Contractor Information	
	(910) 484-7118
Cumberland Insulation 4205 Clinton Road Fayetteville, NC 28312	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

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.	
\underline{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. Sign w/Title: \(\text{\text{\text{Title}} \text{\tex	