

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner/occupier or ficensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

on on license.	Date:
Owner's Name: Caviness & Cates Builidng and Development Co	
Site Address: 275 Timber Skip Dr. Spring Lake, MC 28390	Lot: 67
Subdivision: Anderson Creek Club/Anderson Creek Crossing	
	Total Job Cost: \$ 182,000,00
General Contractor Information	11
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 SOLFT GARAGE SO	ĦĨ
License #	
Description of Work <u>new residential/new system</u> Service Size: 2	00_Amps T-Pole: X YesNo
Tarheel Pride Electric Corp Electrical Confractor's Company Name	(910) 303-2334 Telephone
PO BOX 458 Stedman, NC Address	thpelectric02@yahoo.com Email Address
22985-L License #	otion
Mechanical/AVAC Contractor Informa	ation
Description of Worknew residential/new system	
Carolina Comfor Air	(910) 339-2374 Telephone
Mechanical Contractor's Company Name	15 R (M)
PO Box 699 Dunn, NC Address	rebecca@carolinacomfortair.com Email Address
29077	E.
License # Plumbing Contractor Information	1 9 5
Description of Work new residential/new system	# Baths 2.5.
Vance Johnson Plumbing Plumbing Contractor's Company Name	(910) 424-6712 Telephone
3242 Midpine Drive Fayetteville, NC	eblanchard@vjplumbing.com Email Address
Address	Ellian 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 I 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.

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:
x General Contractor x 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: \(\text{\text{Cl. D(ES)CON}} \)
sign write: 11 colors