

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed 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.hamett.org/permits

Application for Residential Building and Trades Permit

| Owner's Name: Creekside Oaks, LLC | Date: 1/21/25 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Site Address: 311 Harborwood St | Phone: 910-375-5131 |
| Subdivision: Creekside Oaks South | Lot: |
| Description of Proposed Work: New Home - Residential | Total Job Cost: \$233,025.00 |
| General Contractor Informat | tion |
| Caviness Land Development | 910-339-6330 |
| Building Contractor's Company Name | Telephone |
| 175 Tennessee Walker Dr Raeford NC 28376 | cynthia@cavinessland.com |
| Address | Email Address |
| 37485 HEATED SQ FT 2642 GARAGE | SOFT 440 |
| License # | |
| Description of Work New Home - Residential Service Siz | tion |
| | |
| Southern Pride Electric Electrical Contractor's Company Name | 910-750-9436 Telephone |
| | |
| 370 Slapout Road, Mt Olive NC 28365 Address | southernpride.mp@gmail.com Email Address |
| 24724 | Email Address |
| License # | |
| | |
| Mechanical/HVAC Contractor Info | ormation |
| Mechanical/HVAC Contractor Info Description of Work New Home - Residential | ormation |
| Description of Work New Home - Residential | |
| Description of Work New Home - Residential Carolina Comfort Air | 910-339-2374 |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name | |
| Description of Work New Home - Residential Carolina Comfort Air | 910-339-2374 Telephone |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name 701 N Clinton Ave, Dunn NC 28334 Address | 910-339-2374 |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name 701 N Clinton Ave, Dunn NC 28334 | 910-339-2374 Telephone |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name 701 N Clinton Ave, Dunn NC 28334 Address 29077 | 910-339-2374 Telephone Email Address |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name 701 N Clinton Ave, Dunn NC 28334 Address 29077 License # | 910-339-2374 Telephone Email Address |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name 701 N Clinton Ave, Dunn NC 28334 Address 29077 License # Plumbing Contractor Information Description of Work New Home - Residential | 910-339-2374 Telephone Email Address tion # Baths 2.5 |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name 701 N Clinton Ave, Dunn NC 28334 Address 29077 License # Plumbing Contractor Informa | 910-339-2374 Telephone Email Address |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name 701 N Clinton Ave, Dunn NC 28334 Address 29077 License # Plumbing Contractor Informat Description of Work New Home - Residential Brocato's Plumbing Plumbing Contractor's Company Name | 910-339-2374 Telephone Email Address tion # Baths 2.5 910-624-6693 Telephone |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name 701 N Clinton Ave, Dunn NC 28334 Address 29077 License # Plumbing Contractor Information Description of Work New Home - Residential Brocato's Plumbing | 910-339-2374 Telephone Email Address tion # Baths 2.5 910-624-6693 |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name 701 N Clinton Ave, Dunn NC 28334 Address 29077 License # Plumbing Contractor Informat Description of Work New Home - Residential Brocato's Plumbing Plumbing Contractor's Company Name 4115 Horse Tail Rd, Fayetteville NC 28306 | 910-339-2374 Telephone Email Address tion # Baths 2.5 910-624-6693 Telephone _cbrocato93@gmail.com |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name 701 N Clinton Ave, Dunn NC 28334 Address 29077 License # Plumbing Contractor Informa Description of Work New Home - Residential Brocato's Plumbing Plumbing Contractor's Company Name 4115 Horse Tail Rd, Fayetteville NC 28306 Address 34764 License # | 910-339-2374 Telephone Email Address tion # Baths 2.5 910-624-6693 Telephonecbrocato93@gmail.com Email Address |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name 701 N Clinton Ave, Dunn NC 28334 Address 29077 License # Plumbing Contractor Informat Description of Work New Home - Residential Brocato's Plumbing Plumbing Contractor's Company Name 4115 Horse Tail Rd, Fayetteville NC 28306 Address 34764 License # Insulation Contractor Informat | 910-339-2374 Telephone Email Address tion # Baths 2.5 910-624-6693 Telephonecbrocato93@gmail.com Email Address |
| Description of Work New Home - Residential Carolina Comfort Air Mechanical Contractor's Company Name 701 N Clinton Ave, Dunn NC 28334 Address 29077 License # Plumbing Contractor Informa Description of Work New Home - Residential Brocato's Plumbing Plumbing Contractor's Company Name 4115 Horse Tail Rd, Fayetteville NC 28306 Address 34764 License # | 910-339-2374 Telephone Email Address tion # Baths 2.5 910-624-6693 Telephonecbrocato93@gmail.com Email Address |

*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 is as per current fee schedule.

1/21/25

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

| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General Contractor OwnerX 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. |
| ${\text{them.}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover |
| 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: |