



strong roots • new growth

Submitted  
5.29.25

D425

CentralPermitting@Harnett.org  
(910) 893-7525 ext:1  
420 McKinney Pkwy (physical)  
PO Box 65 (mailing)  
Lillington, NC 27546

## RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 355 Hook Bill Lane, PIN: 0527-52-1202-000  
LANDOWNER: Moore HI Properties, Inc Mailing Address: 55 Walnut Creek Rd, Pinchurst, NC 28374  
City: Fayetteville State: NC Zip: 28305 Phone: (910) 778-7902 Email: pam@cavinessandcates.com

\*Please fill out applicant information if different than landowner.

APPLICANT: Cates Building Inc Mailing Address: 639 Executive Place Ste 400  
City: Fayetteville State: NC Zip: 28305 Phone: (910) 778-7902 Email: pam@cavinessandcates.com

### PROPOSED USE:

☐ Single Family Dwelling: (Size 46x66) # Bedrooms: 4 # Baths: 2 Garage: Attached (Circle One) Detached Accessory: Deck, Patio, Porch (Circle One)  
TOTAL HTD SQ FT: 2558 GARAGE SQ FT: 528 Foundation Type: Crawl Space: ☐ Stem Wall: ☐ Mono Slab: ☒ Basement: ☐

☐ Modular: (Size    x   ) # Bedrooms:     # Baths:     Garage: Attached, Detached (Circle One) Accessory: Deck, Patio, Porch (Circle One)  
TOTAL HTD SQ FT:    

☐ Manufactured Home: SW ☐ DW ☐ TW ☐ (Size    x   ) # Bedrooms:     Garage: Attached, Detached (Circle One) Accessory: Deck, Patio (Circle One)

### ZONING:

☐ Duplex: (Size    x   ) # Buildings:     # Bedrooms Per Unit:     TOTAL HTD SQ FT:    

☐ Addition/Accessory/Other: (Size    x   ) Use:    

### UTILITIES:

Water Supply: County ☒ Existing Well ☐ New Well (# of dwellings using well    ) ☐

Sewage Supply: New Septic Tank ☒ Expansion ☐ Relocation ☐ Existing Septic Tank ☐ County Sewer ☐

(Complete Environmental Health Checklist on other side of application if Septic is selected)

### GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within 500 feet? YES ☐ NO ☒

Does the property contain any easements, whether underground or overhead? YES ☐ NO ☒

Structures (existing or proposed): Single Family Dwellings: X Manufactured Homes:     Other (specify):    

If permits are granted, I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Pamela M. Jeddie  
Signature of Owner or Owner's Agent

5.29.2025  
Date

\*\*\*Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

APPLICATION CONTINUES ON BACK

**Environmental Health Department Application for Improvement Permit and/or Authorization to Construct**

If the information in this application is falsified, changed, or the site is altered, then the permit shall become invalid. This permit will be valid for 60 months.

**☒ NEW SEPTIC SYSTEM INSPECTION**

- *All property irons must be made visible.* Place pink flags on each corner of lot & approximately every 50 feet between corners.
- Place orange flags at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post orange Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **DO NOT GRADE PROPERTY.**

**☐ EXISTING TANK INSPECTION**

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over outlet end of tank, lift lid straight up (*if possible*), and then put lid back in place.  
*\*Does not apply to septic tank in a mobile home park\**
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

**SEPTIC CHECK LIST**

If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

- ☐ Accepted      ☐ Innovative      ☐ Conventional      ☐ Any      ☐ Alternative  
☐ Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes," applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES ☐ NO ☒ Does the site contain any jurisdictional wetlands?
- YES ☐ NO ☒ Do you plan to have an irrigation system now or in the future?
- YES ☐ NO ☒ Does or will the building contain any drains? Please explain: \_\_\_\_\_
- YES ☐ NO ☒ Are there any existing wells, springs, waterlines, or wastewater systems on this property?
- YES ☐ NO ☒ Is any wastewater going to be generated on the site other than domestic sewage?
- YES ☐ NO ☒ Is the site subject to approval by any other Public Agency?
- YES ☐ NO ☒ Are there any easements or rights-of-way on this property?
- YES ☐ NO ☒ Does the site contain any existing water, cable, phone, or underground electric lines?  
If yes, please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that a \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.

Pamela M. Geddie  
Signature of Owner or Owner's Agent

5.29.2025  
Date

## RESIDENTIAL BUILDING APPLICATION

Site Address: 355 Hookbill Lane, Lillington NC PIN: 0527-52-1202-000  
Owner: Moore HI Properties, Inc Phone: (910) 778-7902 Email: pam@cavinessandcates.com  
Description of Proposed Work: new single family dwelling Total Job Cost: \$ 232,000.<sup>00</sup>

### GENERAL CONTRACTOR INFORMATION

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

Cates Building Inc  
General Contractor's Company Name  
639 Executive Place, Ste 400 Fayetteville, NC 28305  
Address  
38851  
License #  
(910) 778-7902  
Phone  
pam@cavinessandcates.com  
Email

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: new residential/new system Service Size: 200 Amps T-Pole: YES ☒ NO ☐  
Parnell Electric  
Electrical Contractor's Company Name  
6400 Allie Cooper Road Godwin, NC 28344  
Address  
U.24236  
License #  
(910) 237-2751  
Phone  
parnellelectric@gmail.com  
Email

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: new residential/new system  
Carolina Comfort Air  
Mechanical Contractor's Company Name  
PO Box 699 Dunn, NC  
Address  
29077  
License #  
(910) 339-2374  
Phone  
rebecca@carolinacomfortair.com  
Email

### PLUMBING CONTRACTOR INFORMATION

Description of Work: new residential/new system # of Fixtures: \_\_\_\_\_  
Titan's Plumbing LLC  
Plumbing Contractor's Company Name  
36 Sunnyfield Ct Benson, NC 27504  
Address  
34800  
License #  
(919) 615-1947  
Phone  
danielamedina@titansplumbing.com  
Email

### INSULATION CONTRACTOR INFORMATION

Cumberland Insulation  
Insulation Contractor's Company Name  
(910) 484-7118  
Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES** - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Pamela M. Geddis for Cates Building Inc  
Signature of Owner/Contractor/Officer of Corporation

5.29.2025  
Date

### 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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

\_\_\_\_\_ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

\_\_\_\_\_ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

\_\_\_\_\_ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Pamela M. Geddis for Cates Building Inc  
Signature of Owner/Contractor/Officer of Corporation

5.29.2025  
Date

# HARNETT REGIONAL WATER

Equal Opportunity Provider and Employer

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available

VALID PHOTO I.D. is Required

|   |                                       |                 |               |
|---|---------------------------------------|-----------------|---------------|
| Today's Date <u>5.29.2025</u> Set Up Fee All Accounts \$15<br><br>Same Day Service: \$50<br><br>Date Service Requested <u>will Call</u> | DEPOSITS (refunded to applicant only) |                 |               |
|   |                                       | APPROVED CREDIT | DENIED CREDIT |
|   | OWNER WATER                           | \$0             | \$50          |
|   | OWNER SEWER                           | \$0             | \$50          |
|   | RENTER WATER                          | \$50            | \$100         |
|   | RENTER SEWER                          | \$50            | \$100         |

This agreement is a formal request for Harnett Regional Water (HRW), through normal procedures and in accordance with the HRW Water & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following location:

Service Address: 355 Hook Bill, Lillington NC

Owner ☒ Renter ☐ (PROPERTY OWNER & PHONE NO.) Cates Building Inc. 910-778-7904

Applicant Email Address patty@cavinessandcates.com

| APPLICANT   |                                 | CO-APPLICANT                 |                 |
|---|---------------------------------|------------------------------|-----------------|
| NAME (FIRST, LAST)<br>Cates Building Inc.                                 |                                 | NAME (FIRST, LAST)           |                 |
| MAILING ADDRESS:<br>639 Executive Place Suite 400, Fayetteville, NC 28305 |                                 |                              |                 |
| SOCIAL SECURITY # OR TIN<br>56-1957436                                    | CONTACT PHONE #<br>910-778-7904 | SOCIAL SECURITY # OR TIN     | CONTACT PHONE # |
| DRIVER'S LICENSE # AND STATE  | DATE OF BIRTH                   | DRIVER'S LICENSE # AND STATE | DATE OF BIRTH   |
| EMPLOYER NAME   |                                 | EMPLOYER NAME                |                 |
| EMPLOYER ADDRESS  | PHONE #                         | EMPLOYER ADDRESS             | PHONE #         |
| PREVIOUS ADDRESS  |                                 | PREVIOUS ADDRESS             |                 |

I, the undersigned, do agree to abide by all rules, regulations and policies of Harnett Regional Water as outlined in the HRW Water and Sewer Ordinance. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. All initial and final bills are prorated based on the number of days in the service period. FINAL BILLS with a credit balance of less than \$3.00 will not be refunded. Deposits and/or credit balances are refunded in the applicant's name only. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. **HARNETT REGIONAL WATER IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS.** Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service. By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature 

FOR OFFICE USE ONLY

FEES: Set-Up Fee \$15 ☒ Deposit \$ \_\_\_\_\_ Same Day \$50 \_\_\_\_\_ Meter Fee \$325 ☒ Damage \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Account # Transferred From: \_\_\_\_\_ Date To Turn Off: \_\_\_\_\_

ACCOUNT #: CID: \_\_\_\_\_ LID: \_\_\_\_\_ WATER \_\_\_\_\_ SEWER \_\_\_\_\_ CREDIT: APPROVED / DENIED

Turn On: \_\_\_\_\_ Unlock Only: \_\_\_\_\_ Read Only: \_\_\_\_\_ Install: \_\_\_\_\_ Customer Serv Rep: \_\_\_\_\_