



strong roots • new growth

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

RESIDENTIAL BUILDING APPLICATION

Site Address: 451 Black Duck Lane PIN: 0527-51-1447.000

Owner: Moore H Properties Inc Phone: (910) 778-7902 Email: pam@cavinessandcates.com

Description of Proposed Work: new single family dwelling Total Job Cost: _____

GENERAL CONTRACTOR INFORMATION

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

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

ELECTRICAL CONTRACTOR INFORMATION

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

MECHANICAL/HVAC CONTRACTOR INFORMATION

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

PLUMBING CONTRACTOR INFORMATION

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

INSULATION CONTRACTOR INFORMATION

| | |
|--------------------------------------|-----------------------|
| <u>Cumberland Insulation</u> | <u>(910) 484-7118</u> |
| Insulation Contractor's Company Name | Phone |

APPLICATION CONTINUES ON BACK



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

6.6.2025
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

6.6.2025
Date