



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

**Application for Residential Building and Trades Permit**

Owner's Name: Caviness Land Development Date: \_\_\_\_\_  
Site Address: 91 Harborwood St Phone: \_\_\_\_\_  
Subdivision: Creekside Oaks South Lot: 518  
Description of Proposed Work: New Home - Residential Total Job Cost: \$272,718.00

**General Contractor Information**

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 3281 GARAGE SQ FT 756  
License #

**Electrical Contractor Information**

Description of Work New Home - Residential Service Size: 200 Amps T-Pole: X Yes \_\_\_ No  
Southern Pride Electric 910-750-9436  
Electrical Contractor's Company Name Telephone  
370 Slapout Road, Mt Olive NC 28365 southernpride.mp@gmail.com  
Address Email Address  
24726  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Home - Residential  
Carolina Comfort Air 910-339-2374  
Mechanical Contractor's Company Name Telephone  
701 N Clinton Ave, Dunn NC 28334  
Address Email Address  
29077  
License #

**Gas Contractor:**  
**Carolina Comfort Air**  
**License: 29077**

**Plumbing Contractor Information**

Description of Work New Home - Residential # Baths \_\_\_\_\_  
Dell Haire Plumbing 910-429-9939  
Plumbing Contractor's Company Name Telephone  
PO BOX 65048 Fayetteville NC 28306 vickie.beard@hotmail.com  
Address Email Address  
32886-P1  
License #

**Insulation Contractor Information**

Cumberland Insulation 4205 Clinton Rd Fayetteville NC 28312 910-484-7118  
Insulation Contractor's Company Name & Address 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 is as per current fee schedule.**

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

Date

8/21/25

### 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.

☒ 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: \_\_\_\_\_

President

Date: \_\_\_\_\_

8/21/25