



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: Creekside Oaks, LLC Date: 10/2/25

Site Address: 73 Harborwood St Phone: _____

Subdivision: Creekside Oaks South Lot: 519

Description of Proposed Work: New Home - Residential Total Job Cost: 249,540.00

General Contractor Information

Caviness Land Development 910-339-6330

Building Contractor's Company Name Telephone

175 Tennessee Walker Dr Raeford NC 28376

Address Email Address

37485 HEATED SQ FT GARAGE SQ FT

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

Address Email Address southernpride.mp@gmail.com

34726

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 #

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

Address Email Address vickie.beard@hotmail.com

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

10/2/25

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

____ General Contractor ____ Owner X 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.

 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:  _____ President Date: 10/2/25