

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _____
Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: STARLIGHT HOMES N.C. LLC Date: 1/17/25

Site Address: 765 BRICK MILL RD Phone: 919 616-5347

Directions to job site from Lillington: J. MAIN ST. → RT. ON HWY 421-S → 5.0
MI TO NC 27E L. 500 FT RT. ON BRICK MILL RD → 2.6
MI SITE IS ON RT.

Subdivision: BRICK MILL ESTATES Lot: _____

Description of Proposed Work: SEWER LIFT STATION CONSTRUCTION

Heated SF N/A Unheated SF N/A
General Contractor Information: Building Cost \$ 150,000

WATER & WASTE SYSTEMS CONST.

Building Contractor's Company Name

14 APOTHECARY CT., GARNER N.C. 27529

Address

Billy Child

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

Electrical Contractor Information: Electrical Cost \$ 30,000

Description of Work WIRING OF SEWER LIFT ST. Service Size: 200 Amps #T-Poles 0

CLEAR ELECTRIC

Electrical Contractor's Company Name

20 17TH ST. PL NW, HICKORY NC 28601

Address

David Tandy

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

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name

Telephone

Address

Email Address

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

License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

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

License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address

Telephone

*NOTE: General Contractor must fill out and sign the second page of this application

Sprinkler Contractor Information

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Driveway Access - NC Department of Transportation Driveway Access/Permit? ____ Yes ____ No

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 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 charged at full price per current fee schedule.

Büschli

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

Date

1/17/24

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.

Company or Name: WATER & WASTE SYSTEMS CONST.

Sign w/Title: Büschli PROJECT MANAGER

Date: 1/17/24