

\*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: Zone 4 Properties Date: 7-1-25

Site Address: 318 Magnolia Acres Lane Phone: 240-886-3229

Directions to job site from Lillington: Magnolia Acres Subdivision - Lot 2

Subdivision: Magnolia Acres Lot: 2

Description of Proposed Work: Garage of the SFD here will be used as a sales office, as this is our model home

Heated SF 477 Unheated SF 0 Model Home already has a building permit issued

**General Contractor Information:** Building Cost \$ 20,000

Caruso Homes of North Carolina

Building Contractor's Company Name

2120 Baldwin Avenue, Suite 200, Crofton MD

Address

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

**Electrical Contractor Information:** Electrical Cost \$ 2,000 Existing electrical service for model home under our residential building permit

Description of Work Outlets/lights for sales office Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

MSF Electric

Electrical Contractor's Company Name

7513 Knightdale Blvd, Suite 2B, Knightdale NC 27545

Address

2408863229

Telephone

NCPERMIT@CARUSOHOMES.COM

Email Address

76612

License #

9192179767

Telephone

mandyk@msfelectric.com

Email Address

34688

License #

**Mechanical Contractor Information:** Mechanical Cost \$ 2,000

Description of Work HVAC for sales office in garage # Units 1

All American Heating and Air

Mechanical Contractor's Company Name

7216 ACC blvd, Raleigh NC 27617

Address

9197826242

Telephone

allamerican-hvacp-caruso@allamerican-nc.com

Email Address

24598

License #

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_

Description of Work No work needed but here is plumbing contractor info for the SFD # Baths 0

Capitol Plumbing LLC

Plumbing Contractor's Company Name

7216 ACC blvd, Raleigh NC 27617

Address

9197826242

Telephone

allamerican-hvacp-caruso@allamerican-nc.com

Email Address

20157

License #

**Insulation Contractor Information**

Tri City Insulation

Insulation Contractor's Company Name & Address

919-790-9684

Telephone

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

**Sprinkler Contractor Information**

n/a

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

**Fire Alarm Contractor Information**

n/a

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

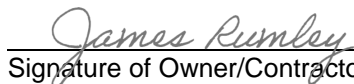
Signature of Officer(s) of Corporation

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.



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

7-1-25

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

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: Caruso Homes of North Carolina LLC

Sign w/Title:  associate general counsel

Date: 7-1-25