



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

COMMERCIAL BUILDING APPLICATION

Site Address: 84 Day Dorm Rd Lillington, NC PIN: 0670-53-1737.000
Owner: Campbell University Phone: 910-893-1200 Email: radams@campbell.edu
Description of Proposed Work: Interior Renovations Total Job Cost: \$ 845,000

GENERAL CONTRACTOR INFORMATION

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

Southeastern Construction of Buies Creek 919-282-2443
General Contractor's Company Name Phone
PO Box 4200 Buies Creek, NC 27506 michael@si-nc.com
Address Email
62649 [Signature] \$ 100,000
License # Signature of Owner/Contractor/Officer of Corp. Building Cost (excluding trades)

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Rework Electrical AS req for Renovation Service Size: 800 Amps T-Poles: YES NO
Triple-R Electric, INC 252-523-3558
Electrical Contractor's Company Name Phone
2488 Old Poole Rd Kingston, NC 28504
Address Email
13241-U [Signature] \$ 200,000
License # Signature of Owner/Contractor/Officer of Corp. Electrical Cost

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Rework Mechanical / HVAC AS req. for Renovations # of Units: 31 1 fixed unit PTAC units
Modern Mechanical HVAC LLC 919-934-1651
Mechanical Contractor's Company Name Phone
600 Waterfield Ridge Place Garner, NC 27592
Address Email
L. 29380 H1, H2, H3 [Signature] \$ 425,000
License # Signature of Owner/Contractor/Officer of Corp. Mechanical Cost

PLUMBING CONTRACTOR INFORMATION

Description of Work: Rework Plumbing AS req. for Renovations # of Baths: 10 units approx Repairs to
CK's Plumbing + Backflow, LLC 919-995-8854
Plumbing Contractor's Company Name Phone
3800 Greywood Dr Raleigh NC 27604
Address Email
L. 28692 [Signature] \$ 120,000
License # Signature of Owner/Contractor/Officer of Corp. Plumbing Cost

APPLICATION CONTINUES ON BACK



REFRIGERATION CONTRACTOR INFORMATION

Refrigeration Contractor's Company Name _____
Address N/A _____
License # _____

Phone _____
Email _____
Signature of Owner/Contractor/Officer of Corp. _____

SPRINKLER CONTRACTOR INFORMATION

Sprinkler Contractor's Company Name _____
Address N/A _____
License # _____

Phone _____
Email _____
Signature of Owner/Contractor/Officer of Corp. _____

FIRE ALARM CONTRACTOR INFORMATION

Fire Alarm Contractor's Company Name N/A _____
Address _____
License # _____

Phone _____
Email _____
Signature of Owner/Contractor/Officer of Corp. _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? YES NO

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.

[Signature]
Signature of Owner/Contractor/Officer of Corp.

6-3-26
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.



Signature of Owner/Contractor/Officer of Corporation

6-3-20

Date

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 2615425

Filed on: 06/05/2026

Initially filed by: Dueceweaver

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com (<http://www.liensnc.com>)

Address: 223 S. West Street, Suite 900 /
Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Project Property

Powell Hall
84 Day Dorm Rd
Lillington, NC 27546
Harnett County

Property Type

Other

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Campbell University
PO Box 114
Buies Creek, NC 27506
United States
Email: Michael@si-nc.com
Phone: 919-282-2443

Date of First Furnishing

06/08/2026

View Comments (0)

Technical Support Hotline: (888) 690-7384