

\*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: DAVIDSON HOMES, LLC Date: 11/26/2024

Site Address: 1412 MAIN STREET, LILLINGTON, NC 24501 Phone: (252) 283-2036

Directions to job site from Lillington: \_\_\_\_\_  
North on Main Street from Wake Forest, 4th house on the right past left split at Mitchell Road.

Subdivision: RETREAT AT NORTH MAIN OUTPARCEL Lot: 1

Description of Proposed Work: Community Sales Office in garage of the model home.

Heated SF 2483 Unheated SF 466

**General Contractor Information:** Building Cost \$ 5,000

DAVIDSON HOMES, LLC (252) 283-2036

Building Contractor's Company Name Telephone

336 JAMES RECORD ROAD HUNTSVILLE, AL 35824 ralpermitting@davidsonhomes.com

Address Email Address

 80381

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

**Electrical Contractor Information:** Electrical Cost \$ 1,300

Description of Work Wiring of Offices Service Size: 200 Amps #T-Poles X

ROMANOFF ELECTRIC RESIDENTIAL, LLC 919-604-1730

Electrical Contractor's Company Name Telephone

3006 INDUSTRIAL DRIVE, SUITE 12, RALEIGH, NC 27609 thoward@romanoffgroup.cc

Address Email Address

 U.12915

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

**Mechanical Contractor Information:** Mechanical Cost \$ 3,000

Description of Work Install Mini Split HVAC System # Units 1

CAROLINA AIR CONDITIONING COMPANY, INC. 919-683-2421

Mechanical Contractor's Company Name Telephone

360 SPECTRUM DR. STE 110 KNIGHTDALE, NC 27545 BMB@CAROLINAAC.COM

Address Email Address

 L.22084 (CLASS 1)

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

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

Description of Work N/A # Baths \_\_\_\_\_

Plumbing Contractor's Company Name Telephone

Address Email Address

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

**Insulation Contractor Information**

TATUM INSULATION, INC. 910-862-5958

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.

BO Nelson  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

11/26/2024  
\_\_\_\_\_  
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: DAVIDSON HOMES, LLC

Sign w/Title: BO Nelson    Davidson Homes Raleigh Division President    Date: 11/26/2024