

*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 NORTH CAROLINA, LLC Date: 2/17/25
Site Address: N. MAIN ST LILLINGTON Phone: 910-616-5347
Directions to job site from Lillington: PIN # 0651-90-8197

Subdivision: _____ 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 NC 27529
Address Billy Cui
Telephone 910-661-8602
Email Address BCLINARD@GMAIL.COM
35745

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 Ø
CLEAR ELECTRIC
Telephone 828-267-0829

Electrical Contractor's Company Name 20 17TH ST. PL. NW, HICKORY NC 28601
Address Daniel Tennyson
Email Address INFO@CLEAR-ELECTRIC.NET
9585 11

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

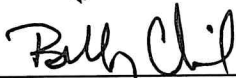
Signature of Officer(s) of Corporation

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.



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

2/17/25

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: WATER & WASTE SYSTEMS CONST.

Sign w/Title: Billy Clil PROJECT MANAGER

Date: 2/17/25