TOWN OF LILLINGTON

TRADE PERMIT APPLICATION

Planning & Inspections Department
106 West Front Street, PO Box 296 Lillington NC 27546
• phone 910-893-0311 •fax 910-893-3693
lillingtonnc.org

Check all that apply: ____ Residential ✓ Non-Residential

Owner Information: Name Square at Lillington LLC Phone ____
Home Street Address 1131-B Military Cutoff Rd City Wilmington State NC Zip 28405

Site Location Information (if different from Owner's Home Address):
Address The Square at Lillington City Lillington State NC Zip 27546

ELECTRICAL CONTRACTOR:
Authorized Contractor's Name J.M. Hope Electric LLC *N.C. State License # 21326L
General Contractor's Signature Thomas W. McLeod Phone 919-776-5144 Fax ____
Street Address 409 Chatham St. City Sanford State NC Zip 27330

____ Electrical Only – Description Demo 12 Recpt ~~Add 12 Recept~~ change Light Fixtures ____ HVAC Installation or Change-Out (Mech & Elec Contractor)

MECHANICAL CONTRACTOR:
Authorized Contractor's Name J+M Heating + Air, Inc. *N.C. State License # L.17164
General Contractor's Signature Thomas W. McLeod Phone 910-897-5501 Fax ____
Street Address 724 Turlington Rd City Dunn State NC Zip 28334

____ HVAC Installation or Change-Out (Mech & Elec Contractor) ____ Other – Description move ductwork around minimum

PLUMBING CONTRACTOR
Authorized Contractor's Name MLS Plumbing Company, Inc *N.C. State License # NC28833P1
General Contractor's Signature Thomas W. McLeod Phone 910-818-4122 Fax ____
Street Address 784 Gentry Rd City Erwin State NC Zip 28339

____ Plumbing Only – Description Rework Bath to Make H/C

BUILDING CONTRACTOR:
Authorized Contractor's Name STE General Contractors, LLC *N.C. State License # 78246
General Contractor's Signature Thomas W. McLeod Phone 910-890-3979 Fax ____
Street Address 100 Tilghman Dr City Dunn State NC Zip 28334

4780 Building Only – Description Demo Floor, existing Bathroom, one storage room Build new Bath

COST OF LABOR / MATERIALS: Electrical $ 18,400. Mechanical $ 5600. Plumbing $ 9600 **Total $** 81,400

Please Contact Thomas McLeod *(Name)* 910-890-3979 *(Phone number)* when permit is ready.

Applicant Name - Print - Thomas McLeod **Signature** Thomas W. McLeod **Date** 9/26/2025

FOR OFFICE USE: **BUILDING PERMIT ID:** ____

Trade Permit Approval Given By: ____ Date: ____

TOWN OF LILLINGTON

NON-RESIDENTIAL CONSTRUCTION APPLICATION

Planning & Inspections Department
102 East Front Street, PO Box 296 Lillington NC 27546
• phone 910-893-0311 •fax 910-893-3693
lillingtonnc.org

PLEASE NOTE:

1. Five sets of construction plans;
2. Three sets of site plans with setbacks;
3. All application items and signatures must be complete;
4. Permit costs based on construction costs.

Owner Information: Name Square at Lillington LLC Phone _____
Home Street Address 1131-B Military Cutoff Rd City Wilmington State NC Zip 28405
Lot Number _____ Subdivision _____ Phase _____

Site Location Information (if different from Owner's Home Address):
Address The Square at Lillington City Lillington State NC Zip 27546
Lot Number _____ Subdivision _____ Phase _____

General Contractor:
Name – Please Print STE General Contractors LLC
*N.C. State License # 78246 Expiration of Workers Compensation Insurance 7/12/2026
Phone 910-890-3979 Fax _____ Email Stegc.tommy@gmail.com
Street Address 100 Trilghman City Dunn State NC Zip 28334
General Contractor's Signature Thomas W. McLeod Contact Person Thomas McLeod

Electrical Company:
Company Name – Please Print J.M. Pope Electric LLC
*N.C. State License # 21326C Authorized Contractor's Name (print legibly) Marshall Pope
Phone 919-776-5144 Fax _____ Email marshallpope74@gmail.com
Street Address 409 Chatham St City Sanford State NC Zip 27330
Authorized Contractor's Signature Thomas W. McLeod

Mechanical Company:
Company Name – Please Print J+M Heating + Air, Inc.
*N.C. State License # L-17164 Authorized Contractor's Name (print legibly) _____
Phone 910-897-5501 Fax _____ Email jandmhvac@centurylink.net
Street Address 724 Turlington Rd City Dunn State NC Zip 28334
Authorized Contractor's Signature Thomas W. McLeod

Plumbing Company:
Company Name – Please Print MLS Plumbing Company, Inc.
*N.C. State License # NC 2883P1 Authorized Contractor's Name (print legibly) Michael Smith
Phone 910-818-4122 Fax _____ Email mlsplumbing@hotmail.com
Street Address 784 Gentry Rd City Erwin State NC Zip 28339
Authorized Contractor's Signature Thomas W. McLeod

*State license number must match name of company.

Cost of work being performed:

Electrical: $ 18,400

Mechanical: $ 5,600

Plumbing: $ 9,600

Building: $ 47,800

TOTAL: 81,400

CHARACTERISTICS OF BUILDING (Please check all that apply):

_____ New Building	_____ Alteration	_____ Addition	✓ Fit Up
_____ Repair	_____ Monument Sign	_____ Retaining Wall	_____ Sales Trailer
_____ Construction Trailer	_____ Multi-Family	_____ Hotel/Motel	_____ Temporary

_____ Other : _____

TYPE OF SEWER:

✓ Public

_____ Private

TYPE OF FRAME:

_____ Wood _____ Masonry _____ Concrete

✓ Structural Steel

TYPE OF FOUNDATION:

_____ Crawl Space

_____ Basement

_____ Slab

NUMBER OF FLOORS PER BUILDING: _____

TOTAL SQ. FT. OF EACH FLOOR: _____

TYPE OF USE:

_____ MANUFACTURING	_____ STORAGE	_____ OFFICE
_____ FLOOR SPACE	_____ WAREHOUSE	_____ RESTAURANT
_____ PUBLIC USE	_____ SCHOOL	_____ RECREATIONAL

_____ # EMPLOYEES OVER 8 HOURS SHIFT TO WORK

_____ # EMPLOYEES PER SHIFT

_____ # OCCASIONAL EMPLOYEES

_____ # RESTAURANT SEATS

Please Contact Thomas McLeod 910-890-3979 when permit is ready.

(Name) ***(Phone number)***

Applicant Name – Print – Thomas McLeod

Applicant Signature Thomas W. McLeod **Date** 9/26/2025

Inspection Signature _____ **Date** _____

Square at Lillington.
UPS Upfit