



Application # _____

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

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

Application for Residential Building and Trades Permit

Owner's Name: Carrie and David Costa Date May 2, 2025
Site Address: 139 Fulton Ln Lillington, NC 27546 Phone 910-916-3330
Subdivision: N/A Lot _____
Description of Proposed Work: Addition Mudroom and Master bath Total Job Cost \$50,000
With Bathroom

General Contractor InformationSoutheastern Construction

Building Contractor's Company Name

P.O. Box 157 Buies Creek, NC 27506

Address

62649

License #

HEATED SQ FTGARAGE SQ FT919-282-2443

Telephone

michael@SI-NC.com

Email Address

Electrical Contractor InformationDescription of Work Wiring Mudroom and Master bath Service Size: _____ Amps T-Pole: ☐ Yes ☐ NoKings Mechanical

Electrical Contractor's Company Name

P.O. Box 1023 Wake Forest NC 27588

Address

27394-11

License #

919 539 4266

Telephone

office@Kingsmechanical.com

Email Address

Mechanical/HVAC Contractor InformationDescription of Work Connecting HVAC to new additionsKings Mechanical

Mechanical Contractor's Company Name

P.O. Box 1023 Wake Forest NC 27588

Address

25629-H2H3

License #

919 539 4266

Telephone

office@Kingsmechanical.com

Email Address

Plumbing Contractor InformationDescription of Work Addition of 3/4 bathroom & full bathroom # Baths 2Ken West

Plumbing Contractor's Company Name

906 Gregory Circle Lillington, NC 27546

Address

8252

License #

910-500-2411

Telephone

Ken@Kenwestplumbing.com

Email Address

Insulation Contractor InformationTri-City Insulation

Insulation Contractor's Company Name & Address

910 486-8855

Telephone

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

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 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 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 as per current fee schedule.


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

6-26-25
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:

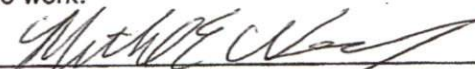
☒ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

☐ 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.

Sign w/Title:  Date: 6-26-25