



strong roots • new growth

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

RESIDENTIAL BUILDING APPLICATION

Site Address: 1171 Old Coats Rd. Lillington PIN: _____
Owner: Danny & Ashlynn Williams Phone: 919-612-6910 Email: dcoltwilliams@yahoo.com
Description of Proposed Work: Building new home Total Job Cost: \$270,000

GENERAL CONTRACTOR INFORMATION

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

Longview Design Build Restore 919-669-9634
General Contractor's Company Name Phone
1050 Holland Rd Fuquay Varina NC longviewdesignbuildrestore@gmail.com
Address Email
L-78716
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Owner/ Call 2/11/14 Service Size: _____ Amps T-Pole: YES ☒ NO ☐
Electrical Contractor's Company Name Phone
Address Email
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: HEATING AND AIR CENTRAL
STEPHENSON HEATING & AIR INC 919-329-0686
Mechanical Contractor's Company Name Phone
343 SHIPKASH DRIVE, GARNER, NC 27529 STEPHENSONHVAC@AOL.COM
Address Email
18644
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: installation of septic tank # of Fixtures: 2
Adcock Excavation Excavating LLC 919-552-6724
Plumbing Contractor's Company Name Phone
2321 N Main St. Fuquay Varina NC info@adcockexcavating.com
Address Email
1902 Owner Doing home plumbing
License #

INSULATION CONTRACTOR INFORMATION

WAKE INSULATION 919-235-5471
Insulation Contractor's Company Name Phone



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.

Damy Willis
Signature of Owner/Contractor/Officer of Corporation

9/3/25
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor X 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,

X 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.

Damy Willis
Signature of Owner/Contractor/Officer of Corporation

9/3/25
Date