



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

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

**Application for Residential Building and Trades Permit**

Owner's Name: Lilium Homes Inc Date 10-10-23  
Site Address: 389 Deer Trail Ln Fuquay-Varina NC 27526 Phone \_\_\_\_\_  
Subdivision: Cotton Farms Lot 39  
Description of Proposed Work: New House Total Job Cost: \$340,000.00

**General Contractor Information**

Lilium Homes Inc 919-817-5545  
Building Contractor's Company Name Telephone  
5 W Mason St Franklinton NC 27525 prodriquez@lilium-homes.com  
Address Email Address  
88522 **HEATED SQ FT** 2,502 **GARAGE SQ FT** 497  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: 200 Amps T-Pole:  Yes  No  
Pedro Electric 919-868-5249  
Electrical Contractor's Company Name Telephone  
P.O Box 61307 Raleigh NC \_\_\_\_\_  
Address Email Address  
21572-4 \_\_\_\_\_  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Casey Services HVAC Inc 919-556-3338  
Mechanical Contractor's Company Name Telephone  
4900 Purnell Rd Wake Forest NC \_\_\_\_\_  
Address Email Address  
10540 \_\_\_\_\_  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Stellar Plumbing LLC 919-389-5372  
Plumbing Contractor's Company Name Telephone  
PO Box 814 Graham NC \_\_\_\_\_  
Address Email Address  
35939 \_\_\_\_\_  
License #

**Insulation Contractor Information**

Smith Insulation Louisburg NC 919-496-3512  
Insulation Contractor's Company Name & Address 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.

Bulmaro Rodriguez.

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

10-10-24.

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:

Bulmaro Rodriguez.

Date: 10-10-24.