

LOT 82 SHILOH



Harnett County Central Permitting  
PO Box 66 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # \_\_\_\_\_

\* Each section below to be filled out by whomever performing work. 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: GOLDEN PROPERTIES + DEVELOPMENT Date: 9/19/2023  
Site Address: 1860 COHARIC DR, LILLINGTON Phone: 919-616-2391  
Subdivision: SHILOH Lot: 82  
Description of Proposed Work: SFD Total Job Cost: 167,610

**General Contractor Information**

GOLDEN PROPERTIES & DEVELOPMENT 919-616-2391  
Building Contractor's Company Name Telephone  
5160 NC HWY 42 W GARNER NC 27529 damp.cch@gmail.com  
Address Email Address  
65576 HEATED SQ FT 1524 GARAGE SQ FT 553  
License #

**Electrical Contractor Information**

Description of Work SFD Service Size: 200 Amps T-Pole:  Yes  No  
JB ALLEN ELECTRIC SERVICE 919-232-1928  
Electrical Contractor's Company Name Telephone  
5804 BENJON - HANDEE RD, BENJON NC 27507 jballenelectric@gmail.com  
Address Email Address  
28206  
License #

**Mechanical/HVAC Contractor Information**

Description of Work SFD  
STEPHENSON HEATING + AIR INC 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 SHIPWASH PK, GARNER NC 27529  
Address Email Address  
18644  
License #

**Plumbing Contractor Information**

Description of Work SFD # Baths \_\_\_\_\_  
AMBIT PLUMBING INC 919-934-1379  
Plumbing Contractor's Company Name Telephone  
755 ROCK PILEWAL RD, CLAYTON NC 27520  
Address Email Address  
20823  
License #

**Insulation Contractor Information**

TATUM INSULATION 519 OLD DRUG STORE RD, GARNER 919-661-0999  
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.**

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

6/7/21  
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: [Signature] PROJECT MANAGER    Date: 6/7/21