

LOT 16 SHILOH



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

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* 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: CARROLL CONSTRUCTION HOMES Date: 7/1/2025  
 Site Address: 22 NEW BETHEL CT, LILLINGTON Phone: 919-616-2391  
 Subdivision: SHILOH Lot: 16  
 Description of Proposed Work: SFD Total Job Cost: 162,800

**General Contractor Information**

CARROLL CONSTRUCTION HOMES 919-616-2391  
 Building Contractor's Company Name Telephone  
63 VANDER COAST WILKESBORO NC 27392 dancbuildsch.com  
 Address Email Address  
57354 HEATED SQ FT 1480 GARAGE SQ FT 220  
 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 BENSON - HANCOCK RD, BENSON NC 27504 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 DR, GARNAH 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 PILLAR RD, CLAYTON NC 27520  
 Address Email Address  
20823  
 License #

**Insulation Contractor Information**

TATUM INSULATION 519 OLD DRUG STORE ROAD, GARNAH 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 of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
Date

7/1/2025

#### 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: \_\_\_\_\_

PROBET MONTANA

Date: \_\_\_\_\_

7/1/2025