LOT 24 SHILOH

Harnett COUNTY NORTH CAROLINA

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: 9/24/2025

Site Address: 288 SHILOH DR, LILLINGTON Phone: 919-616-2391

Subdivision: SHILOH Lot: 24

Description of Proposed Work: SFD Total Job Cost: $ 162,800.00

General Contractor Information

CARROLL CONSTRUCTION HOMES — 919-616-2391
Building Contractor's Company Name — Telephone

63 VERNA COURT WILLOW SPRINGS NC 27592 — dan@buildcch.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-HARDEE 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, 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 PILLAR RD, CLAYTON NC 27520 — _____
Address — Email Address

20823
License #

Insulation Contractor Information

TATUM INSULATION 519 OLD DRUG STORE ROAD, 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.**

Harnett COUNTY NORTH CAROLINA

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

9/24/2025
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: PROJECT MANAGER Date: 9/24/2025