



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: 82 COHANIE DR, LILLINGTON Phone: 919-616-2391  
Subdivision: SHILOH Lot: 87  
Description of Proposed Work: SFO Total Job Cost: 167,640

**General Contractor Information**

CARROLL CONSTRUCTION HOMES 919-616-2391  
Building Contractor's Company Name Telephone  
63 VERNON COURT WILLOUGHBY NC 27592 danc@buildsch.com  
Address Email Address  
57354 HEATED SQ FT 1524 GARAGE SQ FT 2891  
License #

**Electrical Contractor Information**

Description of Work SFO Service Size: 200 Amps T-Pole: ☒ Yes ☐ No  
JB ALLEN ELECTRIC SERVICE 919-232-1928  
Electrical Contractor's Company Name Telephone  
5804 BENSON - HARNETT RD, BENSON NC 27504 jballenelectric@gmail.com  
Address Email Address  
28206  
License #

**Mechanical/HVAC Contractor Information**

Description of Work SFO  
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 SFO # Baths \_\_\_\_\_  
AMBIT PLUMBING INC 919-934-1379  
Plumbing Contractor's Company Name Telephone  
755 REX PILGRIM 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: \_\_\_\_\_

PROJEC MANAGER

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

7/1/2025