



LOT 31 SHILOH

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
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: GOLDEN PROPERTIES + DEVELOPMENT Date: 7/1/2008
Site Address: 152 SHILOH DR, LILLINGTON Phone: 919-616-2391
Subdivision: SHILOH Lot: 31
Description of Proposed Work: SFD Total Job Cost: 167,640

General Contractor Information

GOLDEN PROPERTIES + DEVELOPMENT 919-616-2391
Building Contractor's Company Name Telephone
5160 NC Hwy 42 W GARNER NC 27529 dan@buildcon.com
Address Email Address
65546 HEATED SQ FT 1524 GARAGE SQ FT 289
License #

Electrical Contractor Information

Description of Work SFD Service Size: 200 Amps T-Pole: ☒ Yes ☐ No
J B ALLEN ELECTRIC SERVICE 919-232-1928
Electrical Contractor's Company Name Telephone
5804 BENSON - HANDEE RD, BENSON NC 27504 Jballen.electric@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
18644
License #

Plumbing Contractor Information

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

Insulation Contractor Information

TATUM INSULATION 519 OLD BLUE 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.

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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: _____

PROFFER MANOR

Date: 7/1/2025