



Application # _____

Harnett County Central Permitting

420 McKinney Pkwy Lillington, NC 27546

PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* Must be owner/occupier or
licensed contractor. Address,
company name & phone must
match information on license.

Application for Residential Building and Trades PermitOwner's Name: Caruso Builder Magnolia Acres, LLC Date 4-30-25Site Address: 11 Little Gem Ln Phone _____Subdivision: Magnolia Acres Lot 19 Lot 18Description of Proposed Work: Construction of SFD Total Job Cost \$500,000**General Contractor Information**Caruso Homes of North Carolina

Building Contractor's Company Name

2120 Baldwin Avenue, Suite 200, Crofton MD 21114

Address

76612

License #

2408863229

Telephone

NCPERMIT@CARUSOHOMES.COM

Email Address

HEATED SQ FT 3,555 GARAGE SQ FT 732**Electrical Contractor Information**Description of Work electrical for SFD Service Size: 200 Amps T-Pole: Yes NoMSF Electric

Electrical Contractor's Company Name

7513 Knightdale Blvd, Suite 2B, Knightdale NC 27545

Address

34688

License #

9192179767

Telephone

mandyk@msfelectric.com

Email Address

Mechanical/HVAC Contractor InformationDescription of Work HVAC for SFDAll American Heating and Air

Mechanical Contractor's Company Name

7216 ACC blvd, Raleigh NC 27617

Address

24598

License #

9197826242

Telephone

allamerican-hvacp-caruso@allamerican-nc.com

Email Address

Plumbing Contractor InformationDescription of Work Plumbing for SFD # Baths 3.5Capitol Plumbing LLC

Plumbing Contractor's Company Name

7216 ACC blvd, Raleigh NC 27617

Address

20157

License #

9197826242

Telephone

allamerican-hvacp-caruso@allamerican-nc.com

Email Address

Insulation Contractor InformationTri City Insulation

Insulation Contractor's Company Name & Address

919-790-9684

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.

James Rumley

authorized signor

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

4-30-25

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: *James Rumley* attorney for General Contractor Date: 4-30-25