



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 Permit

Owner's Name: Southern Living Investment Properties LLC Date 8/20/25
Site Address: Lane Farms Way Holly Springs NC 27560 Phone 919 730 7802
Subdivision: Lane Farms Lot 1
Description of Proposed Work: New Style Family Home Total Job Cost 400,000

General Contractor Information

Stephenson Builders Inc. 919 730 7802
Building Contractor's Company Name Telephone
4100 Austley Road Fuquay-Varina NC claw@stephensonbuilders.com
Address Email Address
53604 HEATED SQ FT 3501 GARAGE SQ FT 828
License #

Electrical Contractor Information

Description of Work New Home Service Size 200 Amps T-Pole: ☒ Yes ☐ No
Dean Electrical LLC 919-669-0063
Electrical Contractor's Company Name Telephone
2743 Baptist Grove Rd Fuquay Varina
Address Email Address
L 29839
License #

Mechanical/HVAC Contractor Information

Description of Work New Home
JC HVAC 919 552 3053
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd Holly Springs
Address Email Address
22047
License #

Plumbing Contractor Information

Description of Work New Home # Baths _____
Camden's Plumbing & Repair 919 557 1584
Plumbing Contractor's Company Name Telephone
7229 Oak Valley Way Fuquay-Varina
Address Email Address
18903
License #

Insulation Contractor Information

Stephens Building Products LLC 919 630 8365
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]
Signature of Owner/Contractor/Officer(s) of Corporation

9/11/25
[Signature]
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: [Signature]

Owner / member manager

Date: 9/11/25

[Signature]