

RESIDENTIAL BUILDING APPLICATION

Site Address: SOUTH RIVER RD, LILLINGTON NC 27546 **PIN:** 0631-35-8977,000
Owner: MAVEN HOME SOLUTIONS LLC **Phone:** 518-534-0898 **Email:** JOSH.maventhome@gmail.com
Description of Proposed Work: Build Single Family Dwelling **Total Job Cost:** \$ 285,000

GENERAL CONTRACTOR INFORMATION

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

MAVEN HOME SOLUTIONS, LLC
 General Contractor's Company Name
112 DAISY GROVE LN, HOLLY SPRINGS NC
 Address 27540
105398
 License #

518-534-0898
 Phone
JOSH.maventhome@gmail.com
 Email

ELECTRICAL CONTRACTOR INFORMATION

EV BUDDY, LLC
 Electrical Contractor's Company Name
4408 OLD US 1 HIGHWAY, NEW HILL, NC
 Address 35865
 License #

Service Size: 200 Amps **T-Pole:** YES NO
919-208-3595
 Phone
ebuddyNC@gmail.com
 Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

ELEVATION Heating and Cooling LLC
 Mechanical Contractor's Company Name
PO Box 1852, FUQUAY-VARINA, NC
 Address 27526
34865
 License #

14.3 SEER, Run Ducts from Air handler
Install new line set, install new thermostat and return duct 919-710-9635
 Phone
support@elevationcomfort.com
 Email

PLUMBING CONTRACTOR INFORMATION

ARTIFICE PLUMBING LLC
 Plumbing Contractor's Company Name
1505 RANDALL FARM RD, FUQUAY-VARINA
 Address 27526
37526
 License #

WATER / SEWER (connectors) **# of Fixtures:** 3
252-299-3685
 Phone
artifice plumbing@gmail.com
 Email

INSULATION CONTRACTOR INFORMATION

TRI CITY INSULATION
 Insulation Contractor's Company Name

910-729-9277
 Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

A handwritten signature in blue ink.

Signature of Owner/Contractor/Officer of Corporation

10/8/25

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- Has 3 or more employees and has obtained workers' compensation insurance to cover them,
- Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
- Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
- Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

A handwritten signature in blue ink.

Signature of Owner/Contractor/Officer of Corporation

10/8/25

Date