



strong roots • new growth

CentralPermitting@Harnett.org  
(910) 893-7525 ext:1  
420 McKinney Pkwy (physical)  
PO Box 65 (mailing)  
Lillington, NC 27546

## 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: JOSEH.MAVENHOME@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 518-534-0898  
General Contractor's Company Name Phone  
112 DAISY GROVE LN, HOLLY SPRINGS NC JOSEH.MAVENHOME@gmail.com  
Address 27540 Email  
105398  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: INSTALL New construction Electrical Service Size: 200 Amps T-Pole: YES ☒ NO ☐  
EV BUDDY, LLC 919-208-3595  
Electrical Contractor's Company Name Phone  
4408 OLD US 1 HIGHWAY, NEW HILL, NC eubuddync@gmail.com  
Address 35865 Email  
License #

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Install new system, heat pump split system, 14.3 SEER Run Ducts From Air handler  
ELEVATION Heating and Cooling LLC 919-710-9635  
Mechanical Contractor's Company Name Phone  
PO Box 1852, FUQUAT-VARINA, NC support@elevationcomfort.com  
Address 27526 Email  
34865  
License #

### PLUMBING CONTRACTOR INFORMATION

Description of Work: Rough in PLUMBING, TRIM OUT, WATER/SEWER <sup>connections</sup> # of Fixtures: 3  
ARTIFICER PLUMBING LLC 252-299-3685  
Plumbing Contractor's Company Name Phone  
1505 RANDALL FARM RD, FUQUAT-VARINA artificerplumbing@gmail.com  
Address 27526 Email  
37526  
License #

### INSULATION CONTRACTOR INFORMATION

TRI CITY INSULATION 910-729-9277  
Insulation Contractor's Company Name Phone

APPLICATION CONTINUES ON BACK



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.**

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

10/8/25  
\_\_\_\_\_  
Date