



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: JOSH.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 DAIST GROVE LN, HOLY SPRINGS NC JOSH.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 evbuddyNC@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,
Install new line set, install new thermostat and return duct
ELEVATION Heating and Cooling LLC 919-710-9635
Mechanical Contractor's Company Name Phone
PO Box 1852, FUGUAT-VARINA, NC support@elevationcomfort.com
Address 27526 Email
34865
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Rough in PLUMBING, TRIM OUT, WATER/SEWER ^{Connections} # of Fixtures: 3
ARTIFICER PLUMBING LLC 252-299-3685
Plumbing Contractor's Company Name Phone
1505 RANDALL FARM RD, FUGUAT-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