

## 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**

General Contractor's Company Name

112 DAISY GROVE LN, HOLLY SPRINGS NC  
Address

27540

105398  
License #

518-534-0898

Phone

JOSH.MAVENHOME@gmail.com

Email

### ELECTRICAL CONTRACTOR INFORMATION

**Description of Work:** INSTALL New construction Electrical

**Service Size:** 200 **Amps** **T-Pole:** YES  NO

**EV BUDDY, LLC**

Electrical Contractor's Company Name

4408 OLD US 1 HIGHWAY, NEW HILL, NC  
Address

35865

34865  
License #

919-208-3595

Phone

evbuddyNC@gmail.com

Email

### 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

919-710-9635

**ELEVATION Heating and Cooling LLC**

Mechanical Contractor's Company Name

PO Box 1852, FUQUAY-VARINA, NC

Address

27526

34865

34865  
License #

Phone

support@elevationcomfort.com

Email

### PLUMBING CONTRACTOR INFORMATION

**Description of Work:** Rough in PLUMBING, TRIM OUT, WATER / SEWER

Connections

**# of Fixtures:** 3

**ARTIFICAL PLUMBING LLC**

Plumbing Contractor's Company Name

1505 RANDALL FARM RD, FUQUAY-VARINA

Address

27526

37526

37526  
License #

252-299-3685

Phone

artifical 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 black ink.

Signature of Owner/Contractor/Officer of Corporation

A handwritten signature in black ink.

Date

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#### 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 black ink.

Signature of Owner/Contractor/Officer of Corporation

A handwritten signature in black ink.

Date