



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 PermitOwner's Name: Caruso Builder Magnolia Acres, LLC Date 11-5-25Site Address: 841 Magnolia Acres Ln Phone _____Subdivision: Magnolia Acres Lot 45 Lot 45Description of Proposed Work: Construction of SFD Total Job Cost \$600,000**General Contractor Information**

Caruso Homes of North Carolina 2408863229
Building Contractor's Company Name Telephone
2120 Baldwin Avenue, Suite 200, Crofton MD 21114 NCPERMIT@CARUSOHOMES.COM
Address Email Address
76612 HEATED SQ FT 2817 GARAGE SQ FT 445
License #

Electrical Contractor Information

Description of Work electrical for SFD Service Size: 200 Amps T-Pole: Yes No
MSF Electric 9192179767
Electrical Contractor's Company Name Telephone
7513 Knightdale Blvd, Suite 2B, Knightdale NC 27545 mandyk@msfelectric.com
Address Email Address
34688
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC for SFD
All American Heating and Air 9197826242
Mechanical Contractor's Company Name Telephone
7216 ACC blvd, Raleigh NC 27617 allamerican-hvacp-caruso@allamerican-nc.com
Address Email Address
24598
License #

Plumbing Contractor Information

Description of Work Plumbing for SFD # Baths 3.5
Capitol Plumbing LLC 9197826242
Plumbing Contractor's Company Name Telephone
7216 ACC blvd, Raleigh NC 27617 allamerican-hvacp-caruso@allamerican-nc.com
Address Email Address
20157
License #

Insulation Contractor Information

Tri City Insulation 919-790-9684
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.

James Rumley

authorized signor

Signature of Owner/Contractor/Officer(s) of Corporation

11-5-25

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

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: *James Rumley* attorney for General Contractor Date: 4-30-25