



TOWN OF LILLINGTON RESIDENTIAL APPLICATION FOR CONSTRUCTION

Planning & Inspections Department
106 West Front Street, PO Box 296 Lillington NC 27546 • phone 910-893-2654 • fax 910-893-3693

Check the type of work to be performed:

- New Home
- Addition (only)
- Sunroom (only)
- Screened Porch (only)
- Garage (only)
- Deck (only)
- Carport (only)
- Basement Renovation
- Attic Renovation
- Other Description _____

Owner Information: Name _____ Phone _____
 Home Street Address _____ City _____ State _____ Zip _____
 Lot Number _____ Subdivision _____ Phase _____

Site Location Information (if different from Owner's Home Address):
 Address _____ City _____ State _____ Zip _____
 Lot Number _____ Subdivision _____ Phase _____

General Contractor:
 Name – Please Print _____ *N.C. State License # _____
 Expiration of Workers Compensation Insurance ____/____/____ Phone _____ Fax _____
 Street Address _____ City _____ State _____ Zip _____
 General Contractor's Signature _____ Contact Person _____

Electrical Company:
 Company Name – Please Print _____ *N.C. State License # _____
 Authorized Contractor's Signature _____ Phone _____
 Street Address _____ City _____ State _____ Zip _____

Mechanical Company:
 Company Name – Please Print _____ *N.C. State License # _____
 Authorized Contractor's Signature _____ Phone _____
 Street Address _____ City _____ State _____ Zip _____

Plumbing Company:
 Company Name – Please Print _____ *N.C. State License # _____
 Authorized Contractor's Signature _____ Phone _____
 Street Address _____ City _____ State _____ Zip _____

Prefabricated Fireplace Company:
 Company Name – Please Print _____
 Authorized Installer's Signature _____ Phone _____
 Street Address _____ City _____ State _____ Zip _____

*State license number must match name of company. State license number is not required if homeowner (owner occupied) is the contractor.

(Resume to next page)

