



Application # _____

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: BCE Development Partners LLC Date 3-14-2025
Site Address: 2998 US 301 Dunn NC 28334 Phone 919-422-5692
Subdivision: _____ Lot _____
Description of Proposed Work: Garage / Office - NEW Total Job Cost \$50,000

General Contractor Information

Glenn Jones Inc 919-291-3475
Building Contractor's Company Name Telephone
PO Box 534 Fuquay Varina NC 27526 glennjonesinc1@gmail.com
Address Email Address
43503 HEATED SQ FT 384 GARAGE SQ FT 1728 TOTAL ATD Included
License #

Electrical Contractor Information \$3000.00

Description of Work Wire Garage Service Size: 100 Amps T-Pole: Yes X No
KB Electrical Service 919-427-9016
Electrical Contractor's Company Name Telephone
1840 Benson Hwy Dunn NC 28334 kkblackman80@gmail.com
Address Email Address
SP, SFD, 35646
License #

Mechanical/HVAC Contractor Information \$3,500.00

Description of Work Install Mini Split System
JC's Heating & Air 919-369-2657
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd Holly Springs NC 27504 JCSHVAC@gmail.com
Address Email Address
H-3, 22047
License #

Plumbing Contractor Information \$3,000.00

Description of Work Install Plumbing # Baths 1
Seremy W. Hildford 919-915-0533
Plumbing Contractor's Company Name Telephone
865 Sernigan Loop Rd Dunn NC 28334
Address Email Address
30747
License #

Insulation Contractor Information \$2,000.00

Parker Brothers PO Box 1045 910-564-4132
Insulation Contractor's Company Name & Address Telephone
Clinton NC 28329

***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.


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

3-14-2025
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:  Builder Date: 3-14-2025