



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 Permit**

Owner's Name: Glenwood Builders Date 3/26/24  
Site Address: 248 Tutor Rd Fuquay Varina NC 27526 Phone 919-868-4202  
Subdivision: N/A Lot \_\_\_\_\_  
Description of Proposed Work: New SFD Total Job Cost \$550,000

**General Contractor Information**

Glenwood Builders 919-868-4202  
Building Contractor's Company Name Telephone  
215 Progress Dr Fuquay Varina NC 27526 ron@glenwoodbuilders.net  
Address Email Address  
77509 **HEATED SQ FT** 2754 **GARAGE SQ FT** 0  
License #

**Electrical Contractor Information**

Description of Work New SFD Service Size: 200 Amps T-Pole:  Yes  No  
Mabry Electric 919-639-4837  
Electrical Contractor's Company Name Telephone  
Address Email Address  
15077U  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Units  
JC's Heating and Air Conditioning 919-369-2657  
Mechanical Contractor's Company Name Telephone  
Wade Stephenson Rd Holly Springs NC  
Address Email Address  
H-312655  
License #

**Plumbing Contractor Information**

Description of Work New SFD # Baths 3.5  
Rushin Plumbing 919-868-4202  
Plumbing Contractor's Company Name Telephone  
Smithfield, NC  
Address Email Address  
33242  
License #

**Insulation Contractor Information**

Live Green 919-453-6411  
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.**

3/26/24

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

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:

Date:

3/26/24