



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: Kenneth Bigda Date 7-8-24  
Site Address: 365 Betts Rd Holly Springs NC Phone 919-535-8131  
Subdivision: NA Lot NA  
Description of Proposed Work: Install Modular Home Total Job Cost 285,000

**General Contractor Information**

Clayton Homes  
Building Contractor's Company Name Telephone 919-520-3866  
1582 US Hwy 1 Youngsville 27586 Address Email Address HCleles@claytonhomes.com  
59143 License # 1811

**Electrical Contractor Information**

Description of Work Install 200 Amp Service Service Size: 200 Amps T-Pole: Yes  No  
Glenn's Service Co. Inc Electrical Contractor's Company Name Telephone 919-779-0849  
6005 Brack Penny Rd Raleigh 27603 Address Email Address Calennsinc@nc.rr.com  
12810L License #

**Mechanical/HVAC Contractor Information**

Description of Work Install 3-ton Heat Pump  
Glenn's Service Co. Inc Mechanical Contractor's Company Name Telephone 919-779-0849  
6005 Brack Penny Rd Raleigh Address Email Address Calennsinc@nc.rr.com  
12321 License #

**Plumbing Contractor Information**

Description of Work Priority Plumbing # Baths 3  
Install plumbing drops & connections Plumbing Contractor's Company Name Telephone 919-422-4935  
Steffr8081@aol.com Email Address PO Box 264 Willow Springs 27592 Address  
18550 License #

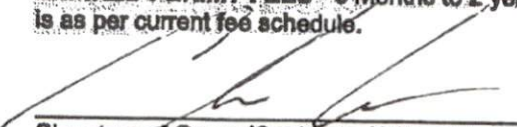
**Insulation Contractor Information**

NA 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.

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

7-8-24  
\_\_\_\_\_  
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:

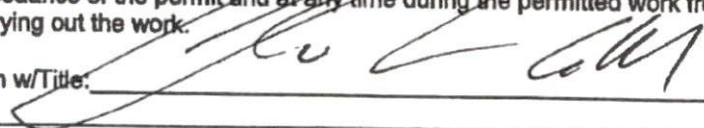
\_\_\_\_\_ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

\_\_\_\_\_ 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: 7-8-24