

**RESIDENTIAL BUILDING APPLICATION**

3813  
Site Address: 3818 Sheriff Johnson Rd Lillington PIN: 0661-91-7108.000  
Owner: BCE Real Estate Holdings Phone: 919-422-5692 Email: \_\_\_\_\_  
Description of Proposed Work: Detached Metal Building Total Job Cost: \$750,000

**GENERAL CONTRACTOR INFORMATION**

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

Glenn Jones Inc 919-291-3475  
General Contractor's Company Name Phone  
PO Box 534 Fuquay Varina NC 27522 glennjonesinc@gmail.com  
Address Email  
43503  
License #

**ELECTRICAL CONTRACTOR INFORMATION**

Description of Work: W/I = Backlog Service Size: 400 Amps T-Pole: YES ☒ NO ☐  
KB Electrical Services 919-427-9016  
Electrical Contractor's Company Name Phone  
1840 Benson Hwy Dunn NC 28334 kkblackmon80@gmail.com  
Address Email  
SP.SFD.35646  
License #

**MECHANICAL/HVAC CONTRACTOR INFORMATION**

Description of Work: Mini split  
Carolina Air Services of Raleigh 919-422-9922  
Mechanical Contractor's Company Name Phone  
1400 Chalk Rd, Wake Forest NC 27587 carolinaairservicesofraleigh.com  
Address Email  
23587  
License #

**PLUMBING CONTRACTOR INFORMATION**

Description of Work: Fall Bath # of Fixtures: \_\_\_\_\_  
Williford Plumbing 919-915-0533  
Plumbing Contractor's Company Name Phone  
865 Jernigan Loop Rd Dunn NC job phone 123@icloud.com  
Address 28334 Email  
30747  
License #

**INSULATION CONTRACTOR INFORMATION**

MPI Foam 919-360-0888  
Insulation Contractor's Company Name Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES** - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

  
Signature of Owner/Contractor/Officer of Corporation

  
Date

11-5-25

#### 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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

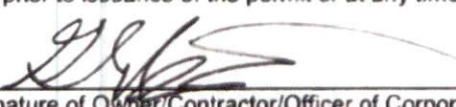
☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

  
Signature of Owner/Contractor/Officer of Corporation

  
Date

11-5-25