

RESIDENTIAL BUILDING APPLICATION

Site Address: 82 Glenn Oak Dr. Sanford, NC 27330 **PIN:** 9576-65-6567.000
Owner: Claudie Wallen **Phone:** 770-366-1429 **Email:** tewallen@charter.net
Description of Proposed Work: Construct 10'x11' Sunroom addition **Total Job Cost:** 31910

GENERAL CONTRACTOR INFORMATION

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

Sinclair Outdoor Living 910-315-4047
General Contractor's Company Name Phone
125 Steelman rd Southern Pines, NC 28387 shawn.odx@gmail.com
Address Email
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Wire for 3 receptacles and ceiling fan. Service Size: _____ Amps T-Pole: YES ☐ NO ☐
Jackson Electric 919-352-8071
Electrical Contractor's Company Name Phone
2007 S Shoreline Dr. jacksonbrent25@yahoo.com
Address Email
L33356
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____
Mechanical Contractor's Company Name Phone
Address Email
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____
Plumbing Contractor's Company Name Phone
Address Email
License #

INSULATION CONTRACTOR INFORMATION

InsulatingNC 910-847-6569
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

19 Nov 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

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

19 Nov 2025

Date