

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Daniel J. Gledhill Date: \_\_\_\_\_  
 Site Address: 1213 Gregory Circle Buies Creek Phone: 919 818 6487  
 Subdivision: N/A Lot: \_\_\_\_\_  
 Description of Proposed Work: New Home

**General Contractor Information**

Bim Builders LLC 919 524 5852  
 Building Contractor's Company Name Telephone  
6187 NC 27 East Coats NC 27521 jp.bim@hotmail.com  
 Address Email Address  
50541  
 License #

**Electrical Contractor Information**

Description of Work Complete Electric Service Size: 400 Amps T-Pole:  Yes  No  
Byrd Electric 919 894 3139  
 Electrical Contractor's Company Name Telephone  
143 Mingo Road Benson NC  
 Address Email Address  
20256-L  
 License #

**Mechanical/HVAC Contractor Information**

Description of Work Complete HVAC System New Home  
J.M. Heating & Air Condition 910 897 5501  
 Mechanical Contractor's Company Name Telephone  
724 Turlington Road Dunn 28334 jandmhvac@Centurylink  
 Address Email Address  
17164  
 License #

**Plumbing Contractor Information**

Description of Work New Plumbing New Home # Baths 2 1/2  
Danny Sullivan Plumbing 919 669 8860  
 Plumbing Contractor's Company Name Telephone  
P.O. Box 943 Coats NC  
 Address Email Address  
22163  
 License #

**Insulation Contractor Information**

Mozingo Insulation 919 422 9927  
 Insulation Contractor's Company Name & Address Telephone  
1136 Bluegrass Rd Selma NC

**\*NOTE: General Contractor / owner must fill out and sign the second page of this application.**

Application for Residential Building and Trade Permit

STANTON COUNTY  
PLANNING DEPARTMENT  
100 WEST MAIN STREET  
STANTON, MO 64484  
PHONE: 660-339-2200  
FAX: 660-339-2201

STANTON COUNTY PLANNING DEPARTMENT  
100 WEST MAIN STREET  
STANTON, MO 64484  
PHONE: 660-339-2200  
FAX: 660-339-2201

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

General Contractor Information

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this a new project?  Yes  No

Electrical Contractor Information

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mechanical/HVAC Contractor Information

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Plumbing Contractor Information

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Insulation Contractor Information

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

NOTE: General Contractor license must fill out and sign this at the end of the 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.**

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

1/25/19  
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: Danny Pollard

Date: 1/25/19



I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief. I understand that any false information provided in this application may result in the revocation of my permit and may be subject to criminal and civil penalties. I understand that I am responsible for the accuracy of the information provided in this application. I understand that I am responsible for the accuracy of the information provided in this application. I understand that I am responsible for the accuracy of the information provided in this application.

**EXPIRED PERMIT FEES:** If my permit expires, I will be responsible for the payment of the applicable fees. I understand that I am responsible for the accuracy of the information provided in this application.

Signature of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_

**Affidavit for Worker's Compensation N.C. § 97-14**

- I hereby certify that the information provided in this affidavit is true and correct to the best of my knowledge and belief. I understand that any false information provided in this affidavit may result in the revocation of my permit and may be subject to criminal and civil penalties. I understand that I am responsible for the accuracy of the information provided in this affidavit.
- I am the owner of the business.
  - I am the sole proprietor of the business.
  - I am a partner in the business.
  - I am an officer or director of the business.
  - I am a member of the business.
  - I am a shareholder in the business.
  - I am a trustee of the business.
  - I am a partner in the business.
  - I am an officer or director of the business.
  - I am a member of the business.
  - I am a shareholder in the business.
  - I am a trustee of the business.

I hereby certify that the information provided in this affidavit is true and correct to the best of my knowledge and belief. I understand that any false information provided in this affidavit may result in the revocation of my permit and may be subject to criminal and civil penalties. I understand that I am responsible for the accuracy of the information provided in this affidavit.

Signature of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_