



Application # SFD 2001-0042

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: TROY & JILENE BROOKS Date: 1-24-20  
Site Address: 11326 US-401 FUQUAY VARIANA, N.C. Phone: 936 972-4627  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: NEW HOME Total Job Cost: \$592,000.<sup>00</sup>

**General Contractor Information**

ALLAN CANADY BUILDER INC. 919 427-4675  
Building Contractor's Company Name Telephone  
2412 EDDIE HOWARD ROAD WILLOW SPRING, NC ACANADY639@AOL.COM  
Address Email Address  
39466

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work WIRING Service Size: 200 Amps T-Pole:  Yes  No  
R.A. JACKSON ELECTRIC 919 894-5367  
Electrical Contractor's Company Name Telephone  
9261 RALEIGH RD. BENSON, N.C.  
Address Email Address  
21144  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work HVAC  
STEPHENSON HVAC 919 329-0686  
Mechanical Contractor's Company Name Telephone  
343 SHIPWASH DR. GARDNER, N.C.  
Address Email Address  
18644  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work NEW HOUSE PLUMBING # Baths 5 1/2  
L.R. GLOVER PLUMBING 919 820-0026  
Plumbing Contractor's Company Name Telephone  
111 CAROLYN DR. BENSON, N.C.  
Address Email Address  
7958  
License # \_\_\_\_\_

**Insulation Contractor Information**

INSULATED INC. 5902 FAYETTEVILLE RD. 919 772-9000  
Insulation Contractor's Company Name & Address Telephone  
RALEIGH, N.C.

**\*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.

All-Cady  
Signature of Owner/Contractor/Officer(s) of Corporation

1-24-20  
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: All-Cady PRESIDENT Date: 1-24-20