

Application #

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

Application for Residential Building and Trades Permit

Owner's Name: Glenwood Builders LLC	Date:
Site Address: 88 Florence Pines CT	Phone: (919) 868-420
Subdivision: Florence Pines	
Description of Proposed Work:Construct SFD	Total Job Cost:
General Contractor Informati	
Glenwood Builders LLC	(919) 868-4202
Building Contractor's Company Name	Telephone
Building Contractor's Company Name 1757 Oakridge Duncan Rd Fugnay Vanle, M Address 27526	oc ron@glenwood builders.net
Address 27526	Email Address
License #	
Description of Work Service Size	e: Amps T-Pole: Yes No
Mabrus Flectrical Sovice Inc	(919) 639-4832
Electrical Contractor's Company Name	Telephone
731 Maby Rd Angier, DC 27501	THE RESERVE AND THE PARTY OF TH
Address	Email Address
15077	
License #	
Mechanical/HVAC Contractor Info	rmauon.
Description of Work	
TC'S Heating + Air Conditioning Service Mechanical Contractor's Company Name	1 nc (914) SS2-3053
	Telephone
1539 Wade Stephenson Rd Holly Spring, NC Address 27540	Front Add
12655 27546	Email Address
License #	
Plumbing Contractor Informat	ion
Description of Work	# Baths 4
Rushin Plumbing LLC	(919) 243-0246
Plumbing Contractor's Company Name	Telephone
1711 Rock Pillar Rd Clayton, NC 27520	
Address	Email Address
33242	
License #	
Insulation Contractor Informat	ion
Insulating Inc. 5902 Fayetteville Rd # 4530	(919) 772-9000
nsulation Contractor's Company Name & Address Rato Sh, NC	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

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 Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

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

While working on the project for which this permit is sought it is understood that the Central Permitting

Has no more than two (2) employees and no subcontractors.

Sign w/Title: