

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546  
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

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

**Application for Residential Building and Trades Permit**

Owner's Name: Signature Home Builders Date 11/26/21  
Site Address: 114 Hawks Croft Ct Erwin NC 28339 Phone 910-892-9299  
Subdivision: Wildwood Lot 15  
Description of Proposed Work: New Coast Total Job Cost 275,000

**General Contractor Information**

Signature Home Builders Building Contractor's Company Name Telephone 910-892-9299  
1209 N. Main St Lillington NC 27546 Address Email Address csherrordshb@gmail.com  
49431 License # **HEATED SQ FT 1754** **GARAGE SQ FT 500**

**Electrical Contractor Information**

Description of Work Electrical Service Size: 200 Amps T-Pole  Yes \_\_\_ No  
Opilize Enterprises Inc. Electrical Contractor's Company Name Telephone 919-337-7633  
5325 Midwell Place Apex NC Address Email Address [REDACTED]  
17046-U License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC  
Radford Heating & Cooling Mechanical Contractor's Company Name Telephone 919-725-16453  
917 Hobbs St. Clayton NC 27520 Address Email Address Radfordhvac@gmail.com  
22024 License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 2  
L.R. Glover Plumbing Plumbing Contractor's Company Name Telephone 919-820-0026  
P.O. Box 764 Benson NC 27504 Address Email Address  
7958 License #

**Insulation Contractor Information**

Cumberland Insulation Insulation Contractor's Company Name & Address Telephone 910-484-7118

**\*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.**

Christopher S. Gled  
Signature of Owner/Contractor/Officer(s) of Corporation

11/26/21  
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: Christopher S. Gled Project Manager Date: 11/26/21