



Application # _____

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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: United Equitable Properties LLC Date: 8-15-23
Site Address: 3154 Birchmill Rd Lillington NC Phone: 919-291-3475
Subdivision: _____ Lot: #
Description of Proposed Work: NEW Construction Total Job Cost: \$200,000

General Contractor Information

Glenn Jones Inc 919-291-3475
Building Contractor's Company Name Telephone
PO Box 534 Fugate Valley NC glennjonesinc@gmail.com
Address Email Address
43503 HEATED SQ FT 1245 GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work NEW Construction Service Size: 200 Amps T-Pole: Yes No
RST Electric 919-291-8766
Electrical Contractor's Company Name Telephone
3432 Zaeks Mill Rd Angler NE solomonrstegmail.com
Address Email Address
26202-1
License #

Mechanical/HVAC Contractor Information

Description of Work NEW Construction
Carolina Air Services of Raleigh NC 919-422-9922
Mechanical Contractor's Company Name Telephone
1400 Charles Rd Wake Forest NC carolinaairservices
Address Email Address twegmail.com
23587
License #

Plumbing Contractor Information

Description of Work NEW Construction # Baths 2
Ronald Lindsay Plumbing 910-658-7957
Plumbing Contractor's Company Name Telephone
464 Parkers Mill Rd Benson NC ronaldlindsay1970@yahoo.com
Address Email Address
29636
License #

Insulation Contractor Information

Parker Brothers Inc 910-564-4132
Insulation Contractor's Company Name & Address 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

8-15-23
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:  General Contractor Date: 8-15-23