



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: UEP Date: 9-25-24

Site Address: 541 Delma Grimes Rd Conts NC 27527 Phone: 919-422-5692

Subdivision: _____ Lot: _____

Description of Proposed Work: NEW construction Total Job Cost: \$272,000.

General Contractor Information

Glenn Jones Inc 919-291-3475
Building Contractor's Company Name Telephone
PO Box 534 Fuquay Varina NC 27526 glennjonesinc1@gmail.com
Address Email Address
43503 HEATED SQ FT 1628 GARAGE SQ FT 589
License #

Electrical Contractor Information

Description of Work NEW construction Service Size: 200 Amps T-Pole: Yes No
KB Electrical Services 919-427-9016
Electrical Contractor's Company Name Telephone
1840 Benson Hwy Dunn, NC 28339 KKblackmon80@gmail.com
Address Email Address
SP, SFD, 35646
License #

Mechanical/HVAC Contractor Information

Description of Work NEW construction
JC'S Heating & Air 919-369-2657
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd Holly Springs, NC 27540 JCSTHVAC@gmail.com
Address Email Address
H-3, 22047
License #

Plumbing Contractor Information

Description of Work NEW construction # Baths 2
Scremg Williford 919-915-0533
Plumbing Contractor's Company Name Telephone
865 Serrigan Loop Rd Dunn NC 28334
Address Email Address
30747
License #

Insulation Contractor Information

Parker Brothers Insulation 919-990-5928
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

9-25-24

 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:

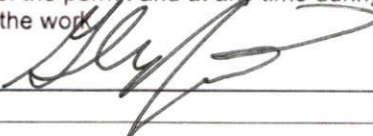
_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ 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:  OWNER Date: 9-25-24