



strong roots • new growth

CentralPermitting@Harnett.org  
(910) 893-7525 ext:1  
420 McKinney Pkwy (physical)  
PO Box 65 (mailing)  
Lillington, NC 27546

## RESIDENTIAL BUILDING APPLICATION

Site Address: 55 Fern Ridge Drive PIN: 9556-89-8910  
Owner: Glenwood Homes LLC Phone: 9843042640 Email: office@glenwoodhomes.com  
Description of Proposed Work: Residential SFD Total Job Cost: \$170689.04

### GENERAL CONTRACTOR INFORMATION

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

Glenwood Homes LLC 9197417993  
General Contractor's Company Name Phone  
PO Box 90427 Raleigh NC 27675 office@glenwoodhomes.com  
Address Email  
97431  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New Residential Service Size: 200 Amps T-Pole: YES ☒ NO ☐  
Tool Time Services 9199771408  
Electrical Contractor's Company Name Phone  
PO Box 203 Garner NC 27529 tooltimeservices@gmail.com  
Address Email  
L13714  
License #

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New Residential  
Carolina Comfort & Air, Inc. 9195507711  
Mechanical Contractor's Company Name Phone  
PO Box 190 Clayton, NC 27528 rebecca@carolinacomfortair.com  
Address Email  
31589  
License #

### PLUMBING CONTRACTOR INFORMATION

Description of Work: New Residential # of Fixtures: 6  
Barbour Pourron Plumbing 9195534455  
Plumbing Contractor's Company Name Phone  
114 Lee Court Clayton NC 27520 staff@bpplumbing.com  
Address Email  
27132  
License #

### INSULATION CONTRACTOR INFORMATION

Tricity Insulation 9197909684  
Insulation Contractor's Company Name Phone

APPLICATION CONTINUES ON BACK



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

6/10/25  
\_\_\_\_\_  
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☒ Has 3 or more employees and has obtained workers' compensation insurance to cover them,  
\_\_\_\_\_ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,  
☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,  
\_\_\_\_\_ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

6/10/25  
\_\_\_\_\_  
Date