



Application # _____

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

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

Application for Residential Building and Trades Permit

Owner's Name: Kenneth & Callie Gilliam Date 5/19/25
Site Address: TBD Dixon Rd Coats NC 27521 Phone 919-427-
Subdivision: Private Land Lot Private
Description of Proposed Work: New SGL FAMILY HOME Total Job Cost 300,000

General Contractor Information

Stephenson Builders Inc 919 730 7802
Building Contractor's Company Name Telephone
460 Ausly Rd Fuquay-Varine NC 27526 drew@stephensonbuilders.com
Address Email Address
53604 HEATED SQ FT 2300 GARAGE SQ FT 561
License #

Electrical Contractor Information

Description of Work New Home Service Size: 200 Amps T-Pole: ☒ Yes ☐ No
Bunny Electrical LLC 919-669-0063
Electrical Contractor's Company Name Telephone
2837 Baptist Grove Rd. Fuquay Varine NC 27526
Address Email Address
129839
License #

Mechanical/HVAC Contractor Information

Description of Work New Home
JC HVAC 919 552 3053
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd Holly Springs NC 27520
Address Email Address
12655 222 047
License #

Plumbing Contractor Information

Description of Work New Home # Baths 2.5
Camden Plumb & Repair Inc 919 557 1589
Plumbing Contractor's Company Name Telephone
7229 Oak Village Way Fuquay-Varine NC 27526
Address Email Address
18903
License #

Insulation Contractor Information

Stephens Buildy Products LLC 919-630-8365
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

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:

Date: