

RESIDENTIAL BUILDING APPLICATION

Site Address: 461 Partin Rd, Dunn, NC 28334 **PIN:** _____

Owner: Daniel White **Phone:** 9196129718 **Email:** danielw@bgcexperts.com

Description of Proposed Work: New Construction **Total Job Cost:** 800,000.00

GENERAL CONTRACTOR INFORMATION

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

Brian Garlock Construction LLC DBA BGC Expert Contractors	919-926-8553
General Contractor's Company Name	Phone
5514 Lambshire Dr., Raleigh, NC 27612	office@bgcexperts.com
Address	Email
99517	
License #	

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New Construction	Service Size: _____ Amps	T-Pole: YES ☐ NO ☐
Primary Electrical Services Inc	919-427-1127	
Electrical Contractor's Company Name	Phone	
110 Hollybrook Circle, Willow Springs, NC 27592	fwhitley@pesincnc.com	
Address	Email	
33958		
License #		

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New Construction	
Superior Heating & Cooling LLC	910-890-2812
Mechanical Contractor's Company Name	Phone
900 Tyler Dewar Lane, Fuquay Varina, NC 27526	jmiller@superiorhvacnc.com
Address	Email
33958	
License #	

PLUMBING CONTRACTOR INFORMATION

Description of Work: New Construction	# of Fixtures: _____
Sweetwater Plumbing LLC	919-270-6869
Plumbing Contractor's Company Name	Phone
3460 Apex Peakway, Apex NC 27502	jameson@sweetwater-plumbing.com
Address	Email
17177	
License #	

INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name	Phone
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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.

Brian Garlock

Signature of Owner/Contractor/Officer of Corporation

9/3/2025

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.

Brian Garlock

Signature of Owner/Contractor/Officer of Corporation

9/3/2025

Date