



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: 3818 Sheriff Johnson Rd Lillington PIN: 0661-91-7108.000

Owner: BCE Real Estate Holdings Phone: 919-422-5692 Email: _____

Description of Proposed Work: SFD Total Job Cost: \$750,000

GENERAL CONTRACTOR INFORMATION

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

Glenn Jones Inc 919-291-3475
General Contractor's Company Name Phone
PO Box 534 Fuquay Varina NC 27522 glennjonesinc@gmail.com
Address Email
43503
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: SFD NEW Service Size: 400 Amps T-Pole: YES ☒ NO ☐
KB Electrical Services 919-427-9016
Electrical Contractor's Company Name Phone
1840 Benson Hwy Dunn NC 28334 kkblackmon80@gmail.com
Address Email
SP SFD. 35646
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: SFD NEW
Carolina Air Services of Raleigh 919-422-9922
Mechanical Contractor's Company Name Phone
1400 Chalk Rd, Wake Forest NC 27587 Carolina Air Services of Raleigh
Address Email
23587
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: SFD NEW # of Fixtures: _____
Williford Plumbing 919-915-0533
Plumbing Contractor's Company Name Phone
865 Terrigan Loop Rd Dunn NC jobphone123@icloud.com
Address Email
30747 28334
License #

INSULATION CONTRACTOR INFORMATION

MPI Foam 919-360-0888
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

8-25-25

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

8-25-25

Date