

RESIDENTIAL BUILDING APPLICATION

Site Address: 600 V.C. Keith Rd PIN: 9586-92-1076.000
Owner: Fred Yarbrough Phone: 9197749446 Email: southernwindstream.net
Description of Proposed Work: New Home Total Job Cost: \$1365000

GENERAL CONTRACTOR INFORMATION

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

Glenn Godfrey
General Contractor's Company Name
PO Box 2399 Sanford NC
Address
16111
License #

919-7700776
Phone
southernwindstream.net
Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New Home
Wicker Electric
Electrical Contractor's Company Name
454 Womack Lake Road
Address
12908
License #

Service Size: 200 Amps T-Pole: YES ☒ NO ☐
9197700472
Phone
Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New Home
Center Heat
Mechanical Contractor's Company Name
500 E Main St Sanford NC
Address
204627
License #

9197752500
Phone
Email

PLUMBING CONTRACTOR INFORMATION

Description of Work: New Home
E2M Plumbing
Plumbing Contractor's Company Name
52 Pioneer Ct Lillington NC
Address
239651
License #

of Fixtures: 13
9103047700
Phone
Email

INSULATION CONTRACTOR INFORMATION

Insulation Inc
Insulation Contractor's Company Name
Sandy Clark

9197701974
Phone



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

7-22-25
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

7-22-25
Date