



Application # _____

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

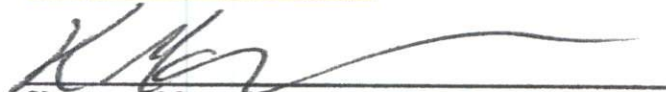
* Must be owner/occupier or
licensed contractor. Address,
company name & phone must
match information on license.

Application for Residential Building and Trades PermitOwner's Name: Kenneth McGlothlin Const. Inc. Date 10-15-25Site Address: Jenkins St Erwin NC 28339 Phone 919-669-7026Subdivision: _____ Lot 153Description of Proposed Work: New SFD Total Job Cost: 150,000**General Contractor Information**Building Contractor's Company Name
Kenneth McGlothlin Const. Inc.Telephone
919-669-7026Address
97 Sherring Star Ln Erwin NC 27526Email Address
KMcGlothlin@kennethmcglothlin.comLicense #
101793HEATED SQ FT 986 GARAGE SQ FT _____**Electrical Contractor Information**Description of Work New SFD Service Size: 200 Amps T-Pole: ☒ Yes ☐ NoElectrical Contractor's Company Name
Alpha 8 Omega Electrical LLCTelephone
919-669-3418Address
1084 Lake Ridge Dr. Creedmoor NC 27522Email Address
lodgeelectrical@gmail.comLicense #
24828**Mechanical/HVAC Contractor Information**Description of Work New SFD
Certified Heating and AirTelephone
910-858-0000Mechanical Contractor's Company Name
P.O. Box 1071 Hope Mills NC 28348Email Address
CertifiedHeatAir@gmail.comAddress
20012 H2C1License #
20012 H2C1**Plumbing Contractor Information**Description of Work New SFD
Thornton's Plumbing Inc.# Baths 1.5
Telephone
919-550-4833Plumbing Contractor's Company Name
3160-A Vines Rd Clayton NC 27527Email Address
TPOffice2@gmail.comAddress
22152License #
22152**Insulation Contractor Information**Insulation Contractor's Company Name & Address
Tatum Insulation II Greer NCTelephone
919-661-0999***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

10-15-25
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

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:

 President

Date: 10-15-25