

RESIDENTIAL BUILDING APPLICATION

Site Address: 15Glider Ln **PIN:** 9564-29-5644.000
Owner: White Oak Homes NC, LLC **Phone:** 910-978-2032 **Email:** monicahcc@nc.rr.com
Description of Proposed Work: new sfd **Total Job Cost:** \$175,000

GENERAL CONTRACTOR INFORMATION

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

White Oak Homes NC, LLC 910-705-0237
General Contractor's Company Name Phone
PO Box 87904, Fayetteville, NC 28304 danny@whiteoakhomesnc.com
Address 104282 Email
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: sfd Service Size: 200 Amps T-Pole: YES ☒ NO ☐
Bain Electric Company 910-237-5994
Electrical Contractor's Company Name Phone
5615 Sambo Jackson Rd, Wade, NC 28395 bainelectric@gmail.com
Address Email
220701
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: sfd
Southern Comfort Heating, Cooling, Gas 910-922-4264
Mechanical Contractor's Company Name Phone
937 Satinwood Ct, Fayetteville, NC 28312 southerncomforthcg@gmail.com
Address Email
34398
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: SFD # of Fixtures: _____
Dell Haire Plumbing 910-429-9939
Plumbing Contractor's Company Name Phone
PO Box 65048, Fayetteville, NC 28306 dellhaireplumbing@hotmail.com
Address Email
32886
License #

INSULATION CONTRACTOR INFORMATION

GPI Grove Performance Insulation 910-988-4070
Insulation Contractor's Company Name 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.

James D Thompson

Signature of Owner/Contractor/Officer of Corporation

11/14/25

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.

James D Thompson

Signature of Owner/Contractor/Officer of Corporation

11/14/25

Date