

RESIDENTIAL BUILDING APPLICATION

Site Address: 1750 WADE STEPHENSON RD PIN: 0636.12.1579.000
Owner: GLYNDA DENNIS CARROLL Phone: 919-369-2657 Email: jcshvac@gmail.com
Description of Proposed Work: New Construction Total Job Cost: \$100,000.00

GENERAL CONTRACTOR INFORMATION

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

Homeowner / Self Contracted 919-369-2657
General Contractor's Company Name 1539 Wade Stephenson Rd. Phone jcshvac@gmail.com
Address 1539 Wade Stephenson Rd. Email jcshvac@gmail.com
License # _____

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New Construction Service Size: _____ Amps T-Pole: YES ☐ NO ☐
Homeowner / Self Contracted 919-369-2657
Electrical Contractor's Company Name 1539 Wade Stephenson Rd. Phone jcshvac@gmail.com
Address 1539 Wade Stephenson Rd. Email jcshvac@gmail.com
License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New Construction
J. Alan Carroll - JC's Heating and Air Cond. Svc. Inc. 919-369-2657
Mechanical Contractor's Company Name 1539 Wade Stephenson Rd. Phone jcshvac@gmail.com
Address 22047-H3 Email jcshvac@gmail.com
License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: New Construction # of Fixtures: _____
Homeowner / Self Contracted 919-369-2657
Plumbing Contractor's Company Name 1539 Wade Stephenson Rd. Phone jcshvac@gmail.com
Address 1539 Wade Stephenson Rd. Email jcshvac@gmail.com
License # _____

INSULATION CONTRACTOR INFORMATION

Homeowner / Self Contracted 919-369-2657
Insulation Contractor's Company Name 1539 Wade Stephenson Rd. Phone jcshvac@gmail.com



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.

Glenda Dennis Cawell 11-25-25
Signature of Owner/Contractor/Officer of Corporation 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.

Glenda Dennis Cawell
Signature of Owner/Contractor/Officer of Corporation

11-25-25
Date