



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Thomas Kent Jeffries Date: 03/11/2024

Site Address: 747 Purdy Rd., Fuquay-Varina, NC 27526 Phone: 919-271-6522

Subdivision: _____ Lot: _____

Description of Proposed Work: Pre-built Storage Building Total Job Cost: \$15,500⁰⁰

General Contractor Information

~~###~~ Valley Sheds Plus Telephone: 919-623-9696

Building Contractor's Company Name
10029 Fayetteville Rd., Fuquay-Varina, NC 27526
Address

Email Address

HEATED SQ FT _____ GARAGE SQ FT _____

License # _____

Electrical Contractor Information

Description of Work: Connect electrical service Service Size: ~~###~~ Amps T-Pole: Yes No

Harte Electric, LLC Telephone: 919-639-6851

Electrical Contractor's Company Name
7836 S. NC. 55 Hwy, Willow Spring NC 27592 Address
Email Address: harteelectric@gmail.com

U 23339
License #

Mechanical/HVAC Contractor Information

Description of Work: N/A

Mechanical Contractor's Company Name Telephone

Address Email Address

License # _____

Plumbing Contractor Information

Description of Work: N/A # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

*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.

Thomas Kent Vebris
Signature of Owner/Contractor/Officer(s) of Corporation

03/11/2024
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: Thomas Kent Vebris

Date: 03/11/2024