Harnett County

Living roots / new growth

CentralPermitting@harnett.org
(910) 893-7528 ext 1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 520 Thomas Gage Dr Fuquay Varina NC 27526 PIN:

Owner: Scott & Delores Glasl Phone: 919-605-5239 Email: dglasl@att.net

Description of Proposed Work: place 10x20 shed on property Total Job Cost: $8500

GENERAL CONTRACTOR INFORMATION

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

Valley Sheds Plus — General Contractor's Company Name

919-623-9696 — Phone

10029 Fayetteville Rd Fuquay Varina, NC 27526 — Address

pat.valleysheds plus@gmail.co — Email

License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: N/A Service Size: _____ Amps T-Pole: YES ☐ NO ☐

Electrical Contractor's Company Name — Phone

Address — Email

License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: N/A

Mechanical Contractor's Company Name — Phone

Address — Email

License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: N/A # of Fixtures: _____

Plumbing Contractor's Company Name — Phone

Address — Email

License #

INSULATION CONTRACTOR INFORMATION

n/a — Insulation Contractor's Company Name — Phone

APPLICATION CONTINUES ON BACK

Harnett COUNTY

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

7/3/25
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

Date