

RESIDENTIAL BUILDING APPLICATION

Site Address: 42 Robert Howe Dr. Fugate Varina NE. 27526 PIN: _____
Owner: Dennis & Marylou Rumsey Phone: 570-439-5635 Email: 10pointcamo@gmail.com
Description of Proposed Work: Storage Shed Instal Total Job Cost: \$8,000

GENERAL CONTRACTOR INFORMATION

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

~~Dennis Rumsey~~ Valley Sheds Plus ~~570-439-5635~~ 919-623-3787
General Contractor's Company Name
42 Robert Howe Dr. Fugate Varina, NE. 27526 ~~10pointcamo@gmail.com~~
Address
NA 10029 Fayetteville Rd bill.valleyshedsplus.com
License # NA Fugate Varina NC 27526

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: NA Service Size: _____ Amps T-Pole: YES ☐ NO ☐
Electrical Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: NA
Mechanical Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: NA # of Fixtures: _____
Plumbing Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

INSULATION CONTRACTOR INFORMATION

NA
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.

Dennis Runsey
Signature of Owner/Contractor/Officer of Corporation

07/07/2025
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.

Dennis Runsey
Signature of Owner/Contractor/Officer of Corporation

07/07/2025
Date