



Application # SFO 1910-0036

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 or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Paul & Barbara Barber Date: 1/15/20  
Site Address: 189 Wilburn Rd Fuquay Varina, NC Phone: \_\_\_\_\_  
Subdivision: PIN 0651-07-3569.000 Lot: #4 Barber Subdivision  
Description of Proposed Work: Site built New SFD

**General Contractor Information**

Valuebuild Homes Telephone: 919-777-0393  
Building Contractor's Company Name  
3015 Jefferson Davis Hwy Email Address: taryn@valuebuildhomes.com  
Address  
55372  
License #

**Electrical Contractor Information**

Description of Work: Newhome electrical Service Size: 200 Amps T-Pole:  Yes  No  
Imperial Electric Telephone: 919-363-7474  
Electrical Contractor's Company Name  
PO Box 162 Apex NC 27502 Email Address: office@imperial-electricinc.com  
Address  
L19850  
License #

**Mechanical/HVAC Contractor Information**

Description of Work: heating; wiring for new home  
Loflin HVAC Telephone: 919-779-4284  
Mechanical Contractor's Company Name  
4912 Grasshopper Rd Raleigh NC Email Address: bragails@netscape.net  
Address  
13341  
License #

**Plumbing Contractor Information**

Description of Work: Plumbing for new home # Baths: 3  
Avery Plumbing Telephone: 919-1039-2023  
Plumbing Contractor's Company Name  
3221B Plainview church Rd. Angier Email Address: \_\_\_\_\_  
Address  
NC 27501  
L 10886  
License #

**Insulation Contractor Information**

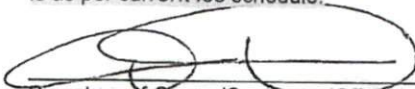
Tri City Fayetteville Telephone: 910-486-8855  
Insulation Contractor's Company Name & Address  
334 E Mountain Dr. 28306

\*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.

  
 Signature of Owner/Contractor/Officer(s) of Corporation

11/15/2020  
 Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

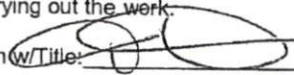
The undersigned applicant being the:

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:  Start Coordinator    Date: 11/15/20