

Application # SFN 2003-0002

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: Timothy Clausen	Date: 4/27/2020
Site Address: 2493 Hillmon Grove Rd.	Phone: 910-916-4885
Subdivision:	Lot:
Description of Proposed Work: Site built, new sfd	Total Job Cost: 178,500
General Contractor Inf	
ValueBuild Homes	919-777-0393
Building Contractor's Company Name	Telephone
3015 Jefferson Davis Hwy Sanford, NC 27332	taryn@valuebuildhomes.com
Address	Email Address
55372	
License #	
Electrical Contractor In	
Description of Work new sfd electical Serv  Imperial Electric	ice Size: 200 Amps T-Pole: XYes No
	Talaska
Electrical Contractor's Company Name	Telephone
PO Box 162 Apex, NC 27502	campomizzi@mindsprings.com
Address -13341 19850	Email Address
License #	
Mechanical/HVAC Contract	or Information
Description of Work New SFD mechanical	<u> </u>
Loflin HVAC	919-363-7474
Mechanical Contractor's Company Name	Telephone
4912 Grasshopper Rd. Raleigh, NC	bragails@netscape.com
Address	Email Address
19850-1 13341	Email Address
License #	
Plumbing Contractor In	formation
Description of Work New SFD Plumbing	# Baths 2.5
Baity Plumbing Company	336-475-0921
Plumbing Contractor's Company Name	Telephone
4538 Lower Lake Rd. Thomasville, NC	rbaity4522@triad.rr.com
Address	Email Address
20809	
License #	
Insulation Contractor In	<u>nformation</u>
31W 7434 Cycle Lane, Goodlettsville TN 37072	615.643.8787
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.

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

4/27/2020

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor Owner _X 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:	
X 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.	
$\frac{x}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance	
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: Niw E. Talk Office Manager Date: 04.27.2020	