



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

Application for Residential Building and Trades Permit

Owner's Name: Terri McCord Date: 12/29/2020
Site Address: 84 Fred Burns Rd. Phone: 443-538-4454
Subdivision: _____ Lot: _____
Description of Proposed Work: Site Built SFD Total Job Cost: 289,900

General Contractor Information

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

Electrical Contractor Information

Description of Work sfd Electrical Service Size: 200 Amps T-Pole: X Yes ___ No
Imperial Electric
Electrical Contractor's Company Name Telephone
PO Box 162 Apex, NC 27502 office@imperial-electric.com
Address Email Address
13341
License #

Mechanical/HVAC Contractor Information

Description of Work mechanical for SFD
Loflin HVAC 919-427-5415
Mechanical Contractor's Company Name Telephone
4912 Grasshopper Rd. Raleigh, NC bragails@netscape.com
Address Email Address
19850-I
License #

Plumbing Contractor Information

Description of Work Plumbing for SFD # Baths 3.5
Baity Plumbing 336-475-0921
Plumbing Contractor's Company Name Telephone
4538 Lower Lake Rd. Thomasville, NC rbait4522@triad.rr.com
Address Email Address
20809
License #

Insulation Contractor Information

Tri-City 334 E. Mountain Dr. Fayetteville, NC 919-237-8055
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.

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

12/29/2020
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: Taryn Donahue Start Coordinator Date: 12/29/2020