



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

**Application for Residential Building and Trades Permit**

Owner's Name: Robert and Bridget Boyer Date: 10-1-2021  
Site Address: TBD Bogie Landing Lillington, NC 27546 Phone: 276-696-7614  
Subdivision: \_\_\_\_\_ Lot: 3  
Description of Proposed Work: Site Built SFD Total Job Cost: 286,954

**General Contractor Information**

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 HEATED SQ FT 2282 GARAGE SQ FT 576  
License #

**Electrical Contractor Information**

Description of Work Electrical for new SFD Service Size: 200 Amps T-Pole:  Yes  No  
Wester and Pace 919-499-5389  
Electrical Contractor's Company Name Telephone  
614 Leslie Rd. Sanford, NC 27330 WILLIAMWESTER@GMAIL.COM  
Address Email Address  
U12007  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Mechanicals for new SFD  
Loflin HVAC 919-427-5415  
Mechanical Contractor's Company Name Telephone  
4912 Grasshopper Rd. Raleigh, NC BRAGAILS@NETSCAPE.COM  
Address Email Address  
13341  
License #

**Plumbing Contractor Information**

Description of Work Plumbing for new sfd # Baths 2  
Baity Plumbing 336-475-0921  
Plumbing Contractor's Company Name Telephone  
4538 Lower Lake Rd. Thomasvills, NC RBAITY4522@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*

10/1/2021

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

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*

Date: 10/1/2021