



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: Sherrill Kelly Date: 10/19/21  
Site Address: 744 Mt. Olive church Rd. Lillington Phone: 910-890-24  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Site Built SFD Total Job Cost: 242,705

**General Contractor Information**

ValueBuild Homes \_\_\_\_\_ Telephone: 919-777-0393  
Building Contractor's Company Name  
3015 Jefferson Davis Hwy Sanford, NC 27332 \_\_\_\_\_ Email Address: taryn@valuebuildhomes.com  
Address  
55372 \_\_\_\_\_ HEATED SQ FT 2100 GARAGE SQ FT 417  
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 \_\_\_\_\_ Telephone: 919-427-5415  
Mechanical Contractor's Company Name  
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 \_\_\_\_\_ Telephone: 336-475-0921  
Plumbing Contractor's Company Name  
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 \_\_\_\_\_ Telephone: 919-237-8055  
Insulation Contractor's Company Name & Address

**\*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

10/19/21

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: 10/19/21