

 Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

	1.10
Owner's Name. Robin Hughes	Date 14/2023
Site Address 978 Marks Rd. Cameron, WC	Phone 917-415-5612
Subdivision:	Lot NIA
Description of Proposed Work: Site built sfd	Total Job Cost 335, 000
General Contractor Information	
ValueBuild Homes	919-777-0393
Building Contractor's Company Name	Telephone
3015 Jefferson Davis Hwy Sanford, NC 27332 Address	taryn@valuebuildhomes.com
55372 HEATED SQ FT 2555 GARAGE SO	DET_407
Electrical Contractor Information	
Description of Work Electrical for new SFD Service Size:	
Wester & Pace	919-499-5389
Electrical Contractor's Company Name	Telephone
614 Leslie Rd Sanford, NC 27332	williamwester@gmail.com
Address 12007 NC	Email Address
License #	
Mechanical/HVAC Contractor Information	
Description of Work Mechanicals for new SFD	
Ceritifed Heating and Air	910-858-0000
Mechanical Contractor's Company Name	Telephone
PO BOX 1071 Hopemills NC 28348	larrycp0600@gmail.com
Address	Email Address
20012	
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work Plumbing for new SFD	_# Baths_2
Baity Plumbing	336-476-0713
Plumbing Contractor's Company Name	Telephone
4538 Lower Lake Rd. Thomasville, NC 27360	tdbaityplumbing@gmail.com
Address	Email Address
20809	
License #	
Insulation Contractor Information	
TriCity Insulation	910-486-8855
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

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.	
X 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 Cordinator Bate: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	