

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

* 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 John & Frances Baker Pin # _____ Date 3/18/24
Site Address TBD Holder Rd. Lillington Phone 919.215.7594
Subdivision: _____ Lot _____
Description of Proposed Work: Site built sfd Total Job Cost 278,000

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 1755 GARAGE SQ FT 420
License #

Electrical Contractor Information

Description of Work Electrical for new SFD Service Size: 200 Amps T-Pole: x Yes ___ No ___
Wester & Pace 919-499-5389
Electrical Contractor's Company Name Telephone
614 Leslie Rd Sanford, NC 27332 williamwester@gmail.com
Address Email Address
12007 NC
License #

Mechanical/HVAC Contractor Information

Description of Work Mechanicals for new SFD
Certified 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 #

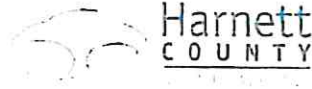
Plumbing Contractor Information

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

3/18/24

 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: 3/18/24