



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: Mack's Daniel Carter Date 5/8/24
Site Address: 56 Hazel Sue Ln. Phone 919.777.0393
Subdivision: N/A Lot _____
Description of Proposed Work: Site built SFD Total Job Cost \$ 366,000

General Contractor Information

Value Build Homes Telephone 919.777.0393
Building Contractor's Company Name
305 Jefferson Davis Hwy Sanford NC Email Address larryn@valuebuildhomes.com
Address
55372 HEATED SQ FT 2512 GARAGE SQ FT 686
License #

Electrical Contractor Information

Description of Work all electrical for SFD Service Size: 200 Amps T-Pole: Yes No
Wester & Pace Telephone 919.499.5389
Electrical Contractor's Company Name
614 Leslie Rd. Sanford, NC 27332 Email Address williamwester@gmail.com
Address
12007 NC
License #

Mechanical/HVAC Contractor Information

Description of Work all mechanical for SFD
Certified Heating & Air Telephone 910.858.0000
Mechanical Contractor's Company Name
PO Box 1071 Hopewills, NC 28398 Email Address larrycp0600@gmail.com
Address
20012
License #

Plumbing Contractor Information

Description of Work All plumbing for SFD # Baths 2.5
Barty Plumbing Telephone 336.476.0713
Plumbing Contractor's Company Name
4538 Lower Lake Rd. Thomasville NC Email Address hbartyplumbing@gmail.com
Address
20809
License #

Insulation Contractor Information

Tri City Insulation Telephone 910.486.8855
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.

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

5/8/24
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: Start Coordinator Date: 5/8/24