



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: Matthew Roberson; Abigail O'Quinn Date 10/1/24  
Site Address: 131 Griffin Rd. 0610-85-3644 Phone 919-888-2980  
Subdivision: \_\_\_\_\_ Lot 2  
Description of Proposed Work: Site built SFD Total Job Cost 187,000

**General Contractor Information**

Value Build Homes Fayetteville LLC Telephone 919-777-0393  
Building Contractor's Company Name  
3015 Jefferson Davis Hwy Sanford, NC Email Address taryn@valuebuildhomes.com  
Address  
10111 HEATED SQ FT 1296 GARAGE SQ FT N/A  
License #

**Electrical Contractor Information**

Description of Work electrical all for NSFD Service Size: 200 Amps T-Pole:  Yes  No  
Wester Pace Telephone 919-499-5389  
Electrical Contractor's Company Name  
1614 Leslie Rd. Sanford, NC 27332 Email Address William.wester@gmail.com  
Address  
12007  
License #

**Mechanical/HVAC Contractor Information**

Description of Work All Mechanical work for new SFD  
Certified Heating; Air Telephone 910-858-0000  
Mechanical Contractor's Company Name  
Po Box 1071 Hopewills, NC 28348 Email Address ehrin.certified@gmail.com  
Address  
20012  
License #

**Plumbing Contractor Information**

Description of Work All plumbing for new SFD # Baths 2  
Baity Plumbing Telephone 336-476-0713  
Plumbing Contractor's Company Name  
4538 Lower Lake Rd. Thomasville, NC Email Address tblaityplumbing@gmail.com  
Address  
20809  
License #

**Insulation Contractor Information**

Tri City Insulations 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

10/1/24

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 VBH Date: 10-1-24