



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: TAT Boyd, Inc. Date: 8/2/24
Site Address: 1262 W Blackman Rd Dunn Phone: 919-520-2181
Subdivision: N/A Lot: 2
Description of Proposed Work: Single Family New Construction Total Job Cost 8150,000

General Contractor Information

BVA Enterprises, Inc. 919-520-2181
Building Contractor's Company Name Telephone
1300 Benben Rd #110 Granger, NC 27529 aford@vtgrealty.com
Address Email Address
79542 HEATED SQ FT 1417 GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work SFH New Construction Service Size: _____ Amps T-Pole: Yes No
RA Jauchin Electric 919-894-5367
Electrical Contractor's Company Name Telephone
9261 Raleigh Rd Benben 27504 aford@vtgrealty.com
Address Email Address
21144
License #

Mechanical/HVAC Contractor Information

Description of Work SFH New Construction Home
Air Temp Mechanical 919-902-0030
Mechanical Contractor's Company Name Telephone
73 Llaughter Ln Granger 27529 aford@vtgrealty.com
Address Email Address
21362
License #

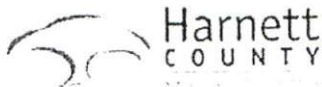
Plumbing Contractor Information

Description of Work SFH New Construction Home # Baths _____
Integrity Plumbing 919-622-9102
Plumbing Contractor's Company Name Telephone
3805 Hordmunt Tr Zebulon 27597 aford@vtgrealty.com
Address Email Address
31279
License #

Insulation Contractor Information

TAT NC Insulation 919-520-2181
Insulation Contractor's Company Name & Address Telephone
15026 Buffalo Rd Unit 12 Clayton 27527

*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.

Ann B. [Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

8/2/24
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: Ann B. [Signature]

Date: 8/2/24