



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: LSF Group Date 9/11/24  
Site Address: Chartres Ct Phone 919-520-2181  
Subdivision: Captains Landing Lot 45  
Description of Proposed Work: New Construction/SFH Total Job Cost \$150,000

**General Contractor Information**

BVA Builders 919-520-2181  
Building Contractor's Company Name Telephone  
1300 Benson Rd St 110 aford@vfgrealty.com  
Address Email Address  
79542 **HEATED SQ FT** 887 **GARAGE SQ FT** \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New Construction/SFH Service Size: ≤200 Amps T-Pole: Yes  No  
RA Jackson Electric 919-894-5367  
Electrical Contractor's Company Name Telephone  
9261 Raleigh Rd Benson NC 27504 aford@vfgrealty.com  
Address Email Address  
SFD 21144  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work New Construction/SFH  
Air Temp Mechanical 919-902-0030  
Mechanical Contractor's Company Name Telephone  
73 Laughter Ln Garner 27529 aford@vfgrealty.com  
Address Email Address  
21362  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New Construction/SFH # Baths 2  
Integra Plumbing 919-622-9102  
Plumbing Contractor's Company Name Telephone  
3805 Horsemint Tr Zebulon 27597 aford@vfgrealty.com  
Address Email Address  
31279  
License # \_\_\_\_\_

**Insulation Contractor Information**

TNT Insulation 15026 Buffalo Rd Unit 12 Clayton 27527 aford@vfgrealty.com  
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.

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

9/9/24  
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: Julie Bailey Agent of Contractor Date: 9/9/24