



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: Marina and Quentin Lashley Date 10/08/2024

Site Address: 458 Finley St. Spring Lake, NC 28390 Phone 919-627-4336

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work: Site Built Single Family Dwelling Total Job Cost \$192,000

**General Contractor Information**

Value Build Homes Fayetteville LLC 919-777-0393

Building Contractor's Company Name Telephone

3015 Jefferson Davis Hwy Sanford NC 27332 taryn@valuebuildhomes.com

Address Email Address

101111 **HEATED SQ FT** 1416 **GARAGE SQ FT** n/a

License #

**Electrical Contractor Information**

Description of Work Electrical for new SFD Service Size: 200 Amps T-Pole: x Yes \_\_\_ No

Wester & Pace LLC 919-499-5389

Electrical Contractor's Company Name Telephone

614 Leslie Rd Sanford, NC 27332 WILLIAMWESTER@GMAIL.COM

Address Email Address

12007

License #

**Mechanical/HVAC Contractor Information**

Description of Work All mechanical work for new SFD

Certified Heating & Air 910-858-0000

Mechanical Contractor's Company Name Telephone

PO BOX 1071 Hopemills, NC 28348 EHRIN.CERTIFIED@GMAIL.COM

Address Email Address

20012

License #

**Plumbing Contractor Information**

Description of Work All plumbing for new SFD # Baths 2

Baity Plumbing 336-476-0713

Plumbing Contractor's Company Name Telephone

4538 Lower Lake Rd Thomasville, NC 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

10/8/2024

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:

Value Build Homes Start Coordinator

Date: 10/8/2024