



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: Jeremy Hall and LeeAnn Hall Date: 2/11/2025
Site Address: TBD River Rd Fuquay Varina NC 27526 PIN 0624-24-9124 Phone: 910-890-9196
Subdivision: _____ Lot: _____
Description of Proposed Work: Site built SFD Total Job Cost: 214,880.00

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 1711 GARAGE SQ FT 238
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: 2.5
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.

2/11/2025

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

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.

2/11/2025

Sign w/Title: _____

Start coordinator VBH

Date: _____