



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

Omotola Olaniyi

4/11/2025

Owner's Name: _____ Date: _____

Site Address: 16 Ithica Ln Bennlevel NC 28323 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
Building Contractor's Company Name919.777.0393
Telephone3015 Jefferson Davis Hwy Sanford, NC
Addresstaryn@valuebuildhomes.com
Email Address10111
License #HEATED SQ FT 3649GARAGE SQ FT 412**Electrical Contractor Information**Description of Work electrical all for NSFD Service Size: 200 Amps T-Pole: ☒ Yes ☐ NoWester Pace
Electrical Contractor's Company Name919.499.5389
Telephone1614 Leslie Rd. Sanford, NC 27332
AddressWilliam.wester@gmail.com
Email Address12007
License #**Mechanical/HVAC Contractor Information**Description of Work All Mechanical work for new SFDCertified Heating & Air
Mechanical Contractor's Company Name910.858.0000
TelephonePO Box 1071 Hopewills, NC 28348
Addressehrin.certified@gmail.com
Email Address20012
License #**Plumbing Contractor Information**Description of Work All plumbing for new SFD # Baths 2.5Baity Plumbing
Plumbing Contractor's Company Name336.476.0713
Telephone4538 Lower Lake Rd. Thomasville, NC
Addresstblaityplumbing@gmail.com
Email Address20809
License #**Insulation Contractor Information**Tri City Insulations
Insulation Contractor's Company Name & Address910.486.8855
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

4/11/2025

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.

4/11/2025

Sign w/Title: _____

Start coordinator VBH

Date: _____