



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: Vision Built Homes, LLC Date 3/11/25

Site Address: 0 Bourbon Street, FUQUAY-VARINA, NC 27526

Phone 919-810-2600

Subdivision: Captain's Landing Lot LT#58 BLK#4 Description of Proposed

Work: New Construction Total Job Cost \$200,000

General Contractor Information

Joshua Mason 919-414-4783
Building Contractor's Company Name Telephone

3233 Virginia Creeper Lane, Willow Spring, NC 27592 Josh@southernconceptsnc.com
Address Email Address

86645 HEATED SQ FT 1364 GARAGE SQ FT NA
License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: x Yes No

Common Ground Electric 919-478-3092
Electrical Contractor's Company Name Telephone

4130 Zacks Mill Rd. Benson, N.C. Commongroundelectricnc@gmail.com
Address Email Address

Sfd32654
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction

Superior Heating and Cooling 910-890-2812
Mechanical Contractor's Company Name Telephone

9314 Nc 42 holly springs, N.C jmillersheatingandcooling@gmail.com
Address Email Address

33958
License #

Plumbing Contractor Information

Description of Work New Construction # Baths 2

Eric Price 910-890-1305

Plumbing Contractor's Company Name Telephone
19 CT Thomas Ln. Lillington, N.C. pricerroofing@yahoo.com
Address Email Address

P2-34384
License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address Friends Insulation-2001 Blount Creek rd. Clayton, N.C
Telephone 919-291-2438

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

3/12/25
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: *[Signature]*, Managing Partner Date: 3/12/25