



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 PermitOwner's Name: Caitlin & Justin Singler Date 7/22/2025Site Address: 1129 Holder Rd. Lillington NC 27546 Phone 919-235-2046Subdivision: N/A Lot _____Description of Proposed Work: Site built SFD Total Job Cost 203,000**General Contractor Information**Building Contractor's Company Name Value Build Homes Fayetteville LLCTelephone 919-777-0393Address 3015 Jefferson Davis Hwy Sanford, NCEmail Address taryn@valuebuildhomes.comLicense # 10111HEATED SQ FT 1323 GARAGE SQ FT 240**Electrical Contractor Information**Description of Work electrical all for new SFD Service Size: 200 Amps T-Pole: ☒ Yes ☐ NoElectrical Contractor's Company Name Wester & PaceTelephone 919-499-5389Address 1414 Leslie Rd. Sanford, NC 27332Email Address william.wester@gmail.comLicense # 12007**Mechanical/HVAC Contractor Information**Description of Work All Mechanical work for new SFDMechanical Contractor's Company Name Certified Heating & AirTelephone 910-858-0000Address PO Box 1071 Hopewells, NC 28348Email Address ehrin.certified@gmail.comLicense # 20012**Plumbing Contractor Information**Description of Work All plumbing for new SFD # Baths 2Plumbing Contractor's Company Name Baity PlumbingTelephone 336-476-0713Address 4538 Lower Lake Rd. Thomasville, NCEmail Address tdbaityplumbing@gmail.comLicense # 20809**Insulation Contractor Information**Insulation Contractor's Company Name & Address Tri City InsulationsTelephone 910-486-8855

***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

7/22/25

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

____ General Contractor ____ Owner X 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:

X 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.

X 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:  Start coordinator VBH Date: 7/22/25