

RESIDENTIAL BUILDING APPLICATION

Site Address: Lot 16 Chartres Fugate Varina PIN: 0613-87-0355
Owner: BVA Builders Inc. Phone: 919-779-1890 Email: ECampbell@bvabuilders.com
Description of Proposed Work: SFH / New Construction Total Job Cost: \$1130,000

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

BVA Builders Inc. 919-779-1890
General Contractor's Company Name Phone
1300 Benson Rd. Ste 110 Garner, NC 27529 ECampbell@bvabuilders.com
Address Email
79542
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New Construction / SFH Service Size: 200 Amps T-Pole: YES ☒ NO ☐
Current Power Solutions 919-625-3543
Electrical Contractor's Company Name Phone
918 Greenwood Cir. Cary, NC 27511 ECampbell@bvabuilders.com
Address Email
V. 18755
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New Construction / SFH
Caroling Comfort Air 919-219-1061
Mechanical Contractor's Company Name Phone
5512 US-70 BJS Clayton, NC 27520 ECampbell@bvabuilders.com
Address Email
L. 31589
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: New Construction / SFH # of Fixtures: 2
Thornton's Plumbing 919-550-4833
Plumbing Contractor's Company Name Phone
3160 A Vinson Rd. Clayton, NC 27527 ECampbell@bvabuilders.com
Address Email
L. 22152
License #

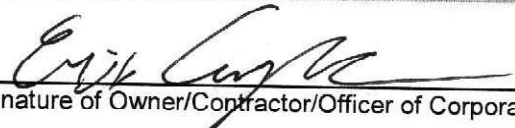
INSULATION CONTRACTOR INFORMATION

Tri-city Insulation 919-790-9684
Insulation Contractor's Company Name Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.


Signature of Owner/Contractor/Officer of Corporation

9/14/2025
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,
☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.


Signature of Owner/Contractor/Officer of Corporation

9/17/2025
Date