



Application # _____

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

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

Application for Residential Building and Trades Permit

Owner's Name: Patrick Brown Date 11/3/25
Site Address: 3232 Leaflet Church Rd. Phone 919-665-8016
Subdivision: _____ Lot _____
Description of Proposed Work: Site built SFD Total Job Cost 292,000

General Contractor Information

Value Build Homes Fayetteville LLC 919-777-0393
Building Contractor's Company Name Telephone
3015 Jefferson Davis Hwy Sanford, NC tanin@valuebuildhomes.com
Address Email Address
10111 HEATED SQ FT 2679 GARAGE SQ FT 471
License #

Electrical Contractor Information

Description of Work electrical all for new SFD Service Size: 200 Amps T-Pole: ☒ Yes ☐ No
Wester's Place 919-499-5389
Electrical Contractor's Company Name Telephone
1614 Leslie Rd. Sanford, NC 27332 william.wester@gmail.com
Address Email Address
12007
License #

Mechanical/HVAC Contractor Information

Description of Work All mechanical work for new SFD
Certified Heating & Air 910-858-0000
Mechanical Contractor's Company Name Telephone
207 W. David Parnell St. Parkton, NC ehrin.certified@gmail.com
Address Email Address
20012 28371
License #

Plumbing Contractor Information

Description of Work All plumbing for new SFD # Baths 2.5
Baity Plumbing 336-476-0713
Plumbing Contractor's Company Name Telephone
401 Kendall Mill Rd Thomasville, NC baityplumbing@gmail.com
Address Email Address
20809 27360
License #

Insulation Contractor Information

Tri City Insulations 910-486-8855
Insulation Contractor's Company Name & Address 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

Date 11/3/25

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: Start coordinator UBH Date: 11/3/25