



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

Building Contractor's Company Name Value Build Homes Faquierville LLC Telephone 919.777.0393  
Address 3015 Jefferson Davis Hwy Sanford, NC Email Address tanyin@valuebuildhomes.com  
License # 10111 HEATED SQ FT 2679 GARAGE SQ FT 471

Electrical Contractor Information

Description of Work electrical all for NSFD Service Size: 200 Amps T-Pole: ✓ Yes No  
Wester's Pace Telephone 919.499.5389

Electrical Contractor's Company Name Wester's Pace Email Address william.wester@gmail.com  
Address 104 Leslie Rd. Sanford, NC 27332  
License # 12007

Mechanical/HVAC Contractor Information

Description of Work All Mechanical work for new SFD Telephone 910.858.0000  
Certified Heating & Air Email Address ehrin.certified@gmail.com  
Mechanical Contractor's Company Name PO Box 1071 Hopemills, NC 28348  
Address 1071 Hopemills, NC 28348

License # 20012

Plumbing Contractor Information

Description of Work All plumbing for new SFD # Baths 2.5  
Bain Plumbing Telephone 336.476.0713  
Plumbing Contractor's Company Name 4538 Lower Lake Rd. Thomasville, NC Email Address tblainyplumbing@gmail.com  
Address 4538 Lower Lake Rd. Thomasville, NC

License # 20809

Insulation Contractor Information

Tri City Insulations Telephone 910.456.8855  
Insulation Contractor's Company Name & Address

\*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

11/3/25  
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: Start coordinator 184 Date: 11/3/25