



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: McNeill Masonry Date: _____
Site Address: 225 Stewart town Road Phone: 910-591-8432
Subdivision: NA Lot: NA
Description of Proposed Work: Remodle Total Job Cost: 75,000

General Contractor Information

Calvin A. McNeill Telephone: 910-591-8432
Building Contractor's Company Name
2195 Bailey Rd Coats NC 27521 Email Address: MACUSA48@yahoo.com
Address: 38116 HEATED SQ FT 1100 GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
PATRICK ELECT CONT LLC Telephone: 910-932-1594
Electrical Contractor's Company Name
1309 N MAIN ST Email Address _____
Address: 24910V
License # _____

Mechanical/HVAC Contractor Information

Description of Work AN HVAC
JHMMVAC Telephone: (910) 8975301
Mechanical Contractor's Company Name
724 DENNING RD DUMM Email Address: JASMMILLER@CMTMILK
Address: MIAM
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths: _____
DANN SULLIVAN PLUMBING INC Telephone: 919-669-8860
Plumbing Contractor's Company Name
386 DUSTY LANE COATS NC 27521 Email Address: dank sul 2@gmail.com
Address: 22163
License # _____

Insulation Contractor Information

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.

Calvin A. McDaniel
Signature of Owner/Contractor/Officer(s) of Corporation

20 Feb 24
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: *Calvin A. McDaniel* Date: 20 Feb 24