

\* Each section below to be filled out by  
whomever performing work. Must be owner  
or licensed contractor. Address, company  
name & phone must match information on  
license.

Application # 08 500 21317  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

Owner's Name: Tommye Lucas Date: 11-17-08  
Site Address: 379 Doll House Rd Phone: 919-499-4476  
Directions to job site from Lillington: take 24-27 Hwy to Bar B Oak  
Church Rd take Right Ho approximately 5 miles  
take Right on Doll House Rd Ho 1/2 mile House on  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Right  
Description of Proposed Work: take off 2 Rooms add two #Bedrooms: \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space ( ) Slab ( )

**General Contractor Information**

McNeill Construction 919-258-3137  
Building Contractor's Company Name Telephone  
302 Smith Dr. Broadway N.C. 32455  
Address License #  
Sammy McNeill Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work wire addition Service Size: \_\_\_\_\_ Amps TPole: yes/no NO  
Hooker Elec 770-1071  
Electrical Contractor's Company Name Telephone  
Sullivan Station Rd. 10657-L  
Address License #  
David Hooker  
Signature of Officer(s) of Corporation

**Mechanical/HVAC Permit Information**

Description of Work add Heat & air system  
Joyner Ditchers  
Mechanical Contractor's Company Name Telephone  
Lee Anne Sanford 9369  
Address License #  
Rd 222  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Plumb Bath & Kitchen # Baths 1  
Carl Plumber 919-258-3622  
Plumbing Contractor's Company Name Telephone  
Thomas Kelly Rd Sanford 08644  
Address License #  
Steve Col  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Contractor  
Insulation Contractor's Company Name & Address Telephone

8/21/08

\_\_\_\_ 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.

Company or Name: McNeill Construction  
Sign w/Title: Sammy McNeill owner Date: 11-17-08

8/21/08

### Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.  
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? ☒ yes ☐ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ☒ yes ☐ no
3. Do you intend to directly control & supervise construction activities? ☒ yes ☐ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ☐ yes ☐ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ☐ yes ☐ no

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 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.

*Sammy McNeill*  
Signature of Owner/Contractor/Officer(s) of Corporation

11-26-08  
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.

Company or Name: *McNeill Construction*

Sign w/Title: *Sammy McNeill Owner*

Date: 11-17-08