

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

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits  
Application # 25828

**Application for Residential Building and Trades Permit**

Owner's Name: Lorae Roukema & Hope Buchanon Date: 12-27-2010  
Site Address: 329 McNeill Mill Road Phone: 910-528-8845  
Directions to job site from Lillington: 421 toward Sanford, 1/4 mile before Seminole, left on McNeill Mill Road, home about 1 mile on left

Subdivision: N/A Lot: N/A  
Description of Proposed Work: Addition # of Bedrooms: 1  
Heated SF: 771 Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space:  Slab: \_\_\_\_\_

**General Contractor Information**

Southeastern Properties and Development Company  
Building Contractor's Company Name 919-777-2826  
2505 Dalrymple Street, Sanford, NC 27332 Telephone  
Address john.cooper@southeasterncompany  
[Signature] Email Address  
65299  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information**

Description of Work 771 sf Residential Addition Service Size: 400 Amps T-Pole:  Yes  No  
Billings Electric 919-770-0143  
Electrical Contractor's Company Name Telephone  
736 Jony Rossen Rd  
Address [Signature] Email Address  
Signature of Owner/Contractor/Officer(s) of Corporation License # 18798-4

**Mechanical/HVAC Contractor Information**

Description of Work 771 sf Residential Addition  
Carolina HVAC 910-585-2425  
Mechanical Contractor's Company Name Telephone  
370 James H. Ross, Cameron, NC 28321  
Address [Signature] Email Address  
Signature of Owner/Contractor/Officer(s) of Corporation License # 23549 H2-143

**Plumbing Contractor Information**

Description of Work 771 sf Residential Addition # Baths 1  
Reliable Plumbing Company 919-499-7359  
Plumbing Contractor's Company Name Telephone  
1480 Jon Courant Rd, Sanford, NC 27330  
Address [Signature] Email Address  
Signature of Owner/Contractor/Officer(s) of Corporation License # 7151

**Insulation Contractor Information**

Insulating Incorporated 919-776-4138  
Insulation Contractor's Company Name & Address Telephone

**\*NOTE: General Contractor must fill out and sign the second page of this application.**

### 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.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

12-27-10  
\_\_\_\_\_  
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.

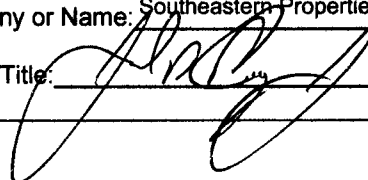
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: Southeastern Properties and Development Company, Inc.

Sign w/Title: , PRESIDENT Date: 12-27-2010