

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

Application # 08-500-19283

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

SCANNED

**Application for Residential Building and Trades Permit**

DATE \_\_\_\_\_

Owner's Name: Lance E. DeLong Date: \_\_\_\_\_

Site Address: McLean Chapel Church Rd., Bunn level, N.C. Phone: (910) 2374613

Directions to job site from Lillington: 401 S. to Bunn level T/R on McLean Chapel Church Rd go 3.8 miles sign on Right

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: New construction # of Bedrooms: 3

Heated SF: 4336 Unheated SF: 630 Finished Bonus Room? YES Crawl Space:  Slab: \_\_\_\_\_

**General Contractor Information**

Tom Spiller & Son Builders, Inc.  
Building Contractor's Company Name

(910) 2374613  
Telephone

329 Woodcrest Rd., Fayetteville, N.C. 28305  
Address

\_\_\_\_\_  
Email Address

Tom Spiller  
Signature of Owner/Contractor/Officer(s) of Corporation

38760  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No

Thomson Electric Co.  
Electrical Contractor's Company Name

(910) 4849500  
Telephone

3811 E. Sheppard St., Fayetteville, N.C. 28304  
Address

\_\_\_\_\_  
Email Address

Robert A. Thomson  
Signature of Owner/Contractor/Officer(s) of Corporation

4074-U  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

Jimmy Hall Heating & Air  
Mechanical Contractor's Company Name

(910) 424 8419  
Telephone

P.O. Box 1167 Hope Mills, N.C. 28348  
Address

\_\_\_\_\_  
Email Address

Jimmy Hall  
Signature of Owner/Contractor/Officer(s) of Corporation

14953  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Larry Lee Plumbing, Inc  
Plumbing Contractor's Company Name

(910) 424 1766  
Telephone

6417 Barbours Lake Rd. Fay, N.C. 28306  
Address

\_\_\_\_\_  
Email Address

Larry Lee  
Signature of Owner/Contractor/Officer(s) of Corporation

05274  
License #

**Insulation Contractor Information**

Blow-Rite Insul. Co.  
Insulation Contractor's Company Name & Address

(910) 483 8191  
Telephone

3737 Clinton Rd, Fay, N.C. 28312

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

APR 12 2010

### 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.

Tom Spiller  
Signature of Owner/Contractor/Officer(s) of Corporation

4/11/11  
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: Tom Spiller & Son Builders, Inc.

Sign w/Title: Tom Spiller, President Date: 4/11/11

Plan Box Number A-3

Job Name Tom Spillner & Sons #15

Date: 4/12/11

Required Inspections for SFA/SFD

Appl. # 08-500-19283

Valuation \$ 274115

Sq. Feet 4219

Sequence

|        |                                     |                             |   |
|--------|-------------------------------------|-----------------------------|---|
| 10     | <input checked="" type="checkbox"/> | R* Bldg. Footing            |   |
| 10     | <input type="checkbox"/>            | R* Mono Slab                |   |
| 10-30  | <input checked="" type="checkbox"/> | R* Elec. Temp Service Pole  |   |
| 20     | <input type="checkbox"/>            | Foundation Survey           |   |
| 20     | <input checked="" type="checkbox"/> | R* Building Foundation      |   |
| 20     | <input checked="" type="checkbox"/> | Address Confirmation        | Slab <input type="checkbox"/>             |
| 30-999 | <input checked="" type="checkbox"/> | Open Floor                  |   |
| 30-999 | <input type="checkbox"/>            | R* Bldg. Slab Insp.         | Mono <input type="checkbox"/>             |
| 30-999 | <input type="checkbox"/>            | R* Elec. Under Slab         |   |
| 30-999 | <input type="checkbox"/>            | R*Plumb. Under Slab         | Crawl <input checked="" type="checkbox"/> |
| 40     | <input type="checkbox"/>            | Four Trade Rough In         |   |
| 40     | <input checked="" type="checkbox"/> | Four Trade Rough In > 2500  |   |
| 40     | <input type="checkbox"/>            | Three Trade Rough In        |   |
| 40     | <input type="checkbox"/>            | Three Trade Rough In > 2500 |   |
| 40     | <input type="checkbox"/>            | Two Trade Rough In          |   |
| 40     | <input type="checkbox"/>            | Two Trade Rough In > 2500   |   |
| 40     | <input type="checkbox"/>            | One Trade Rough In          |   |
| 40     | <input type="checkbox"/>            | One Trade Rough In > 2500   |   |
| 50     | <input checked="" type="checkbox"/> | R* Insulation               |   |
| 60     | <input type="checkbox"/>            | Four Trade Final            |   |
| 60     | <input checked="" type="checkbox"/> | Four Trade Final > 2500     |   |
| 60     | <input type="checkbox"/>            | Three Trade Final           |   |
| 60     | <input type="checkbox"/>            | Three Trade Final > 2500    |   |
| 60     | <input type="checkbox"/>            | Two Trade Final             |   |
| 60     | <input type="checkbox"/>            | Two Trade Final > 2500      |   |
| 60     | <input type="checkbox"/>            | One Trade Final             |   |
| 60     | <input type="checkbox"/>            | One Trade Final > 2500      |   |
| 999    | <input type="checkbox"/>            | Envir. Operations Permit    |   |