



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: Melvin + Armanda McRae Date: 6/1/2022

Site Address: 10700 Hwy 27W Lillington Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Add Bedroom + bath Total Job Cost: \$77500

General Contractor Information

Dean Affordable Homes LLC
Building Contractor's Company Name

919-770-2097
Telephone

2917 Cameron Dr Sanford, NC
Address

ProjectManager0928@gmail.com
Email Address

95268
License #

HEATED SQ FT 720 GARAGE SQ FT N/A

Electrical Contractor Information

Description of Work Wire 1 Bedroom + bath Service Size: 60 Amps T-Pole: Yes No

Dean Electric
Electrical Contractor's Company Name

919-770-2097
Telephone

2917 Cameron Dr Sanford, NC
Address

ProjectManager0928@gmail.com
Email Address

SAF19580
License #

Mechanical/HVAC Contractor Information

Description of Work Add HVAC split system

T.D. Shop
Mechanical Contractor's Company Name

919-708-8340
Telephone

3489 Edwards Rd. Sanford, NC
Address

Email Address

22513
License #

Plumbing Contractor Information

Description of Work Add bath/connector # Baths 1

McDONALD Plumbing
Plumbing Contractor's Company Name

919-770-0773
Telephone

Address

wcomer@windstream.net
Email Address

11824
License #

Insulation Contractor Information

Gregorio Lopez
Insulation Contractor's Company Name & Address

919-628-9783
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.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

6/1/2025
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: [Signature] Contractor Date: 6/1/2022