



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* 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: Donald Mangum Date 9/29/23
Site Address: 156 Mack Road Lillington Phone 919-915-2528
Subdivision: _____ Lot _____
Description of Proposed Work: _____ Total Job Cost _____

General Contractor Information

Contractor's Company Name: Calvin A. McNeill Telephone: 910-591-8432
Address: 2195 Bailey Rd Coats NC 27521 Email Address: MacUSA48@yahoo.com
3846 HEATED SQ FT 1200 GARAGE SQ FT None

Electrical Contractor Information

Description of Work: _____ Service Size: _____ Amps T-Pole: Yes No
Contractor's Company Name: T & G Electric Telephone: 919-434-4480
Address: 5303 Broadway Road Sanford NC Email Address: _____
15697-L License # _____

Mechanical/HVAC Contractor Information

Description of Work: _____ Telephone: 919-708-8340
Contractor's Company Name: Tin Shop Heating & Air
Address: 3489 Edwards Road Sanford NC Email Address: _____
22513 License # _____

Plumbing Contractor Information

Description of Work: _____ # Baths: 2
Contractor's Company Name: Alonzo Wilson Telephone: 919-924-6002
Address: 1609 White Oak Dr Apex NC Email Address: _____
2120509-11573 License # _____

Insulation Contractor Information

Contractor's Company Name & Address: Tri-city Telephone: 910-486-8855

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

28 Oct 22
Date 1 / 1

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 M. [Signature]*

Date: 28 Oct 22
1 / 1