



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

Application # \_\_\_\_\_  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546

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

**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Good Hope Hospital Date: 10/26/20

Site Address: 410 Denim Dr., Erwin, NC 28339 Phone: 910-230-4011

Description of Proposed Work: New Construction

**General Contractor Information:** Building Cost \$ 3,292,942

STE General Contractors, LLC 910-891-5465

Building Contractor's Company Name Telephone

P. O. Box 2364 stegc.tommy@gmail.com

Address Email Address

8100 N. 10th St 78246

Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information:** Electrical Cost \$ 353,757

Description of Work New Construction Service Size: 100 Amps #T-Poles 1

Jason H. Pope Electric 919-820-0837

Electrical Contractor's Company Name Telephone

81 Beaver Creek Rd, Dunn, NC 28334 jhpelectrical@hotmail.com

Address Email Address

Jason H Pope 27284-U

Signature of Owner/Contractor/Officer(s) of Corporation License #

**Mechanical Contractor Information:** Mechanical Cost \$ 222,876

Description of Work New Construction # Units 9

B & S HVAC 919-894-5151

Mechanical Contractor's Company Name Telephone

5446 Elevation Rd, Benson, NC 27504 bandsairconditioning@centurylink.net

Address Email Address

Benny Barber 4256 H2&3

Signature of Owner/Contractor/Officer(s) of Corporation License #

**Plumbing Contractor Information:** Plumbing Cost \$ 160,819

Description of Work New Construction # Baths 13

Gilbert Plumbing Co., Inc. 910-214-1274

Plumbing Contractor's Company Name Telephone

1638 Timothy Road, Dunn, NC 28334 gpci@intrastar.net

Address Email Address

Robin Gilbert 10929

Signature of Owner/Contractor/Officer(s) of Corporation License #

**Insulation Contractor Information**

Tatum Insulation, 519 Old drug Store Rd., Garner, NC 27529 919-661-0999

Insulation Contractor's Company Name & Address Telephone

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





**Sprinkler Contractor Information**

Carolina Fire Protection  
Sprinkler Contractor's Company Name  
4055 Hodges Chapel Road, Dunn, NC 28334  
Address  
*Andrew Dorman*  
Signature of Officer(s) of Corporation

(910) 892-1700  
Telephone  
adorman@carolinafireprotection  
Email Address  
L.23769  
License #

**Fire Alarm Contractor Information**

Albemarle Alarm  
Fire Alarm Contractor's Company Name  
PO Box 1337, Albemarle, NC 28002  
Address  
*Darrell Furr*  
Signature of Officer(s) of Corporation

(704) 984-1859  
Telephone  
alarm1@windstream.net  
Email Address  
SP.FA/LV.18041  
License #

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?  Yes  No  
*Driveway already in place*

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 charged at full price per current fee schedule.

*Thomas A. McClell*  
Signature of Owner/Contractor/Officer(s) of Corporation  
10/26/2020  
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: *Thomas A. McClell* Date: 10/26/2020