

House

*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: 6/28/2021

Site Address: 403 S St, Erwin, NC 28339 Phone: 910-230-4011

Description of Proposed Work: Renovation, w/no structural changes

General Contractor Information: Building Cost \$ _____

STE General Contractors, LLC 910-891-5465

Building Contractor's Company Name _____ Telephone _____

100 Tilghman Dr, PO Box 2364, Dunn, NC 28335 stegc.shane@gmail.com

Address _____ Email Address _____

Shane 78246

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

Electrical Contractor Information: Electrical Cost \$ 30,974

Description of Work New Electrical Service Size: 200 Amps #T-Poles 0

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 \$ 22,856

Description of Work New Installation # Units 2

B & S HVAC 919-894-5151

Mechanical Contractor's Company Name _____ Telephone _____

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

Address _____ Email Address _____

Barry Barber 4258 H2&3

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

Plumbing Contractor Information: Plumbing Cost \$ 13,000

Description of Work New Plumbing # Baths 3

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

Plumbing Contractor's Company Name _____ Telephone _____

1638 Timothy Rd, 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

N/A

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

N/A

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

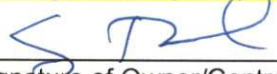
Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/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 charged at full price per current fee schedule.


Signature of Owner/Contractor/Officer(s) of Corporation _____

6/28/2021
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:  LLC member _____

Date: 6/28/2021 _____