



\*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: Paul D. Williams Date: June 24, 2025  
Site Address: 2981 Bud Hawkins Rd, Dunn, NC Phone: 910-892-1553  
Description of Proposed Work: Build Shop

**General Contractor Information:** Building Cost \$ 130,000

Steelcraft Construction Inc.  
Building Contractor's Company Name

919-631-1377  
Telephone

6746 Old Beulah Rd, Kenly NC 27542  
Address

David Bailey / @earthlink.net  
Email Address

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

74282  
License #

**Electrical Contractor Information:** Electrical Cost \$ \_\_\_\_\_

Description of Work install 200amp service Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

Lee Building + Electrical LLC  
Electrical Contractor's Company Name

919-809-0595  
Telephone

514 Strickland Crossroad Rd. Four Oaks, NC  
Address

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

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
License #

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

\_\_\_\_\_  
Mechanical Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
License #

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_

Description of Work install small half bath # Baths \_\_\_\_\_

MS plumbing  
Plumbing Contractor's Company Name

919-422-7715  
Telephone

1809 Bizzel Grove Church Rd, Selma NC  
Address

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

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

19805  
License #

**Insulation Contractor Information**

\_\_\_\_\_  
Insulation Contractor's Company Name & Address

\_\_\_\_\_  
Telephone

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



### Sprinkler Contractor Information

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

### Fire Alarm Contractor Information

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

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: \_\_\_\_\_

Date: \_\_\_\_\_