

## COMMERCIAL BUILDING APPLICATION

Site Address: 503 E Jackson Blvd, Erwin, NC 28339 PIN: 1507-43-3194.00

Owner: JACKSON FAMILY ENTERPRISES LLC Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Proposed Work: Drive Thru Coffee Shop Total Job Cost: \$ \_\_\_\_\_

### GENERAL CONTRACTOR INFORMATION

\* Must be owner or licensed contractor. Address, company name & phone must match information on license.

STE General Contractors LLC 910-891-5465  
General Contractor's Company Name Phone  
PO Box 2364, Dunn, NC 28335 stegc.tommy@gmail.com  
Address Email  
78264U \$ \_\_\_\_\_  
License # Signature of Owner/Contractor/Officer of Corp. **Building Cost** (excluding trades)

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Poles: YES  NO   
J.M. Pope Electric LLC 919-776-5144  
Electrical Contractor's Company Name Phone  
409 Chatham St, Sanford, NC 27330 marshall pope74@gmail.com  
Address Email  
21326L Marshall Pope \$ \_\_\_\_\_  
License # Signature of Owner/Contractor/Officer of Corp. **Electrical Cost**

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ # of Units: \_\_\_\_\_  
E&H Heating and Cooling, LLC 910-230-0215  
Mechanical Contractor's Company Name Phone  
707 S 13th St, Suite A, Erwin, NC 28339 eandjheatingcooling@gmail.com  
Address Email  
L.32998 Eric Beasley \$ \_\_\_\_\_  
License # Signature of Owner/Contractor/Officer of Corp. **Mechanical Cost**

### PLUMBING CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ # of Baths: \_\_\_\_\_  
MLS Plumbing Company, Inc 910-484-1124  
Plumbing Contractor's Company Name Phone  
784 Gentry Rd, Erwin, NC 28339 mlsplumbing@hotmail.com  
Address Email  
NC28833P1 Michael Smith \$ \_\_\_\_\_  
License # Signature of Owner/Contractor/Officer of Corp. **Plumbing Cost**

### REFRIGERATION CONTRACTOR INFORMATION

Refrigeration Contractor's Company Name Phone  
Address Email  
License # Signature of Owner/Contractor/Officer of Corp.



**SPRINKLER CONTRACTOR INFORMATION**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

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

\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corp.

**FIRE ALARM CONTRACTOR INFORMATION**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

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

\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corp.

**Driveway Access** - NC Department of Transportation Driveway Access/Permit? YES  NO

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

Thomas McLeod  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corp.

4.16.2026  
\_\_\_\_\_  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

X  General Contractor    \_\_\_\_\_ Owner    \_\_\_\_\_ Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- X  Has 3 or more employees and has obtained workers' compensation insurance to cover them,
- \_\_\_\_\_ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
- \_\_\_\_\_ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
- \_\_\_\_\_ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Thomas McLeod  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corp.

4.16.2026  
\_\_\_\_\_  
Date