



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: TERESA STEFFENEY Date 16 JUNE 22

Site Address: 115 TOM MYERS RD. LILLINGTON NC 27546 Phone 910-922-0643

Subdivision: N/A Lot N/A

Description of Proposed Work: WATER DAMAGE RENO Total Job Cost 42,000.00

SEE ATTACHED SCOPE OF WORK

General Contractor Information

E.J.S. HOMES INC. 910-988-0303
Building Contractor's Company Name Telephone

4258 SOUTH RIVER SCHOOL RD WADE NC 28395 admin@ejshomesinc.com
Address Email Address

72884 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work N/A Service Size: _____ Amps T-Pole: ___ Yes ___ No

Electrical Contractor's Company Name Telephone

Address Email Address

License #

Mechanical/HVAC Contractor Information

Description of Work N/A NO WORK IDENTIFIED

Mechanical Contractor's Company Name Telephone

Address Email Address

License #

Plumbing Contractor Information

Description of Work INSTALL TUB / VANITY EXISTING LOC. # Baths 1

CUMBERLAND PLUMBING 910-964-5890
Plumbing Contractor's Company Name Telephone

3513 BULLARD ST. HOPE MILLS NC 28348 CUMBERLANDPLUMBING@gmail.com
Address Email Address

L. 33603
License #

Insulation Contractor Information

EJS HOMES INC. (SAME AS ABOVE) 910-988-0303
Insulation Contractor's Company Name & Address Telephone

***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.



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

16 June 2022

 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:

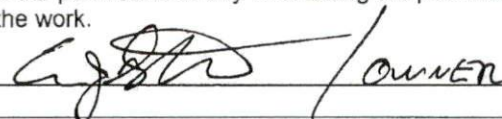
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  / OWNER Date: 16 June