



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: Thomas N. McLeod Date 3/8/2023  
 Site Address: 501 Turlington Rd, Dunn, NC 28334 Phone 910-890-3979  
 Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
 Description of Proposed Work: Personal Storage Building Total Job Cost 29,000.00

**General Contractor Information**

STE General Contractors, LLC 910-890-3979  
 Building Contractor's Company Name Telephone  
PO Box 2364, Dunn, NC 28335 stegc.tommy@gmail.com  
 Address Email Address  
78246U HEATED SQ FT 0 GARAGESQ FT  
 License #

**Electrical Contractor Information**

Description of Work Personal Storage Building Service Size: \_\_\_\_\_ Amps T-Pole: Yes (No)  
Hogue Electric, Co. Inc. 36x60 910-893-5302  
 Electrical Contractor's Company Name Telephone  
2951 McDougald Rd, Lillington, NC 27546 alhoque@prodigy.net  
 Address Email Address  
U. 04424  
 License #

**Mechanical/HVAC Contractor Information**

Description of Work N/A  
 Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work N/A # Baths \_\_\_\_\_  
 Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Insulation Contractor Information**

N/A  
 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.

Thomas W. McCord  
Signature of Owner/Contractor/Officer(s) of Corporation

3/8/2023  
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 W. McCord owner, manager Date: 3/8/2023