



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: STEVE ELLIS Date 02.06.2024
Site Address: 8687 NC 42 Phone 919.605-1302
Subdivisor: HOLLY SPRINGS, NC 27540 Lot _____
Description of Proposed Work: MAKE REPAIRS TO HOUSE Total Job Cost: \$ 30,000.00

General Contractor Information

STEVE ELLIS 919.605-1302
Building Contractor's Company Name Telephone
8755 NE 42 HOLLY SPRINGS NC 27540 SELLIS340@gmail.com
Address Email Address
NC DL 782025 HEATED SQ FT 1470 GARAGE SQ FT 0
License #

Electrical Contractor Information

Description of Work: REPLACE STOLEN WIRING Service Size: 200 Amps T-Pole: Yes No
GEORGE BAKER / GEB ELECTRIC 919.775-8689
Electrical Contractor's Company Name Telephone
431 ALTON'S LAKE SANFORD, NC 27332 SamsHoney1102@gmail.com
Address Email Address
17758-L
License #

Mechanical/HVAC Contractor Information

Description of Work: INSTALL HVAC
FOWLER & SONS MECH/AIR INC 919 669-6820
Mechanical Contractor's Company Name Telephone
105 RUPERT ST. SUITE 2 RALEIGH 27603 FOWLERANDSONS@gmail.com
Address Email Address
6622
License #

Plumbing Contractor Information

Description of Work: REPLACE OLDER PIPE # Baths 2
STEVE ELLIS Steve N. Ellis 919.605-1302
Plumbing Contractor's Company Name Telephone
Address Email Address
License #

Insulation Contractor Information

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.

Stan W. Ecker

02-06-2024

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: *Stan W. Ecker*

Date: *02-06-2024*