



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext.1
420 McKinney Pkwy (physical) PO
Box 65 (mailing)
Lillington, NC

RESIDENTIAL BUILDING APPLICATION

Site Address: 959 McFarland Rd PIN: 0395890146

Owner: Anthony Sloan Phone: N/A Email: N/A

Description of Proposed Work: Full Interior Restoration + Re-Installation of All Finished Materials

Total Job Cost: \$150,000

GENERAL CONTRACTOR INFORMATION

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

General Contractor's Company Name EJS Homes Inc

Phone 910-988-0303

Address 4258 South River School Rd

Email admin@ejshomesinc.com

License # 72884

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Whole House Re-Wire Service Size: 200 Amps T-Pole: YES

Electrical Contractor's Company Name Shalonda Electric Service

Phone 910-489-7076

Address 75 Austin Farm Lane, Sanford, NC 37332

Email robbie@sesofnc.com

License # 31090

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Whole house Re-Installation – New Unit

Mechanical Contractor's Company Name Plainview Solutions LLC

Phone 919-820-4408

Address 7321 Plainview Hwy., Dunn, NC 28334

Email plainviewsolutions@yahoo.com

License # 35210

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ Whole House Re-Installation / No Septic _____ # of Fixtures: 9

Plumbing Contractor's Company Name Cumberland Plumbing Inc
Address 3513 Bullard Street, Hope Mills, NC 28348
License # 33603

Phone 910-964-5890
Email cumberlandplumbing@gmail.com

INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name Cumberland Insulation

Phone 910-484-7118

APPLICATION CONTINUES ON BACK



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.

ERIC STEIN
Signature of Owner/Contractor/Officer of Corporation

8/14/25
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

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

☐ 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,

X 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.

ERIC STEIN

Signature of Owner/Contractor/Officer of Corporation

8-14-25

Date

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