

\*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # 155001310489

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits  
**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Spartan Springs Church of Christ Date: 7-17-18

Site Address: 150 Marks Rd Cameron Phone: \_\_\_\_\_

Directions to job site from Lillington: Take 27W to 24 T.L go approx 2.5 miles T.L. onto Marks Rd church will be approx. .2 miles on Right

Subdivision: N/A Lot: \_\_\_\_\_

Description of Proposed Work: Add 1800 S.F. Metal Bldg

Heated SF 1800 Unheated SF -

**General Contractor Information:** Building Cost \$ 162,000

STE General Contractors LLC

910-891-5565

Building Contractor's Company Name

Telephone

P.O. 2364 Dunn N.C.

Tommy@stegeneralcontractors.com

Address

Email Address

Thomas N. McLeod

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

License #

**Electrical Contractor Information:** Electrical Cost \$ 9200.

Description of Work: New addition Service Size: 200 Amps #T-Poles N/A

JM Pope Electrx

910-890-3655

Electrical Contractor's Company Name

Telephone

409 Chatham St. Sanford NC

Email Address: \_\_\_\_\_

Address

Thomas N. McLeod Contractor

21326

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

License #

**Mechanical Contractor Information:** Mechanical Cost \$ 9000

Description of Work: Add 1 New unit # Units 1

Indoor Comfort System LLC

910-897-1853

Mechanical Contractor's Company Name

Telephone

P.O 1714 Dunn 2835

Email Address: \_\_\_\_\_

Address

Thomas N. McLeod

17615

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

License #

**Plumbing Contractor Information:** Plumbing Cost \$ 12000

Description of Work: Add 2 New baths # Baths 2

Gilbert Plumbing Co.

\_\_\_\_\_

Plumbing Contractor's Company Name

Telephone

Timothy Rd Dunn N.C.

Email Address: \_\_\_\_\_

Address

Thomas N. McLeod

10929

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

License #

**Insulation Contractor Information**

Cumberland Insulation Fayetteville 910-484-7118

Insulation Contractor's Company Name & Address: \_\_\_\_\_ Telephone \_\_\_\_\_

\*NOTE: General Contractor must fill out and sign the second page of this application

**Sprinkler Contractor Information**

N.A.  
Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

**Fire Alarm Contractor Information**

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?  Yes  No

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 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 charged at full price per current fee schedule.

Thomas A. McDev

7-17-18

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.

Company or Name: STG General Contractors LLC

Sign w/Title: Thomas A. McDev Manager

Date: 7-17-18