



Chg of Contractor

Application # 42434

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

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: _____ Date: _____
Site Address: _____ Phone: _____
Subdivision: _____ Lot: _____
Description of Proposed Work: _____

General Contractor Information

STE General Contractors NC
Building Contractor's Company Name
PO Box 2364 Dunn, NC 28394
Address
78246
License #

(910) 891-5465
Telephone
Tommy.stcgeneralcontractors
Email Address

Electrical Contractor Information

Description of Work New Service Size: 400 Amps T-Pole: Yes No
DNE Electrical LLC
Electrical Contractor's Company Name
219 Carroll St. Wake Forest N.C. 27587
Address
31090-4
License #

919-333-1330
Telephone
Email Address

Mechanical/HVAC Contractor Information

Description of Work New
Carolina Comfort
Mechanical Contractor's Company Name
N. Clinton Ave Dunn
Address
29077
License #

910-213-3221
Telephone
3PECarolinaComfortair.com
Email Address

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____
Address _____
License # _____

Telephone _____
Email Address _____

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.

Thomas A. McNeal
Signature of Owner/Contractor/Officer(s) of Corporation

12-28-18
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 A. McNeal owner/Manager

Date: 12-28-18