\*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 #

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

COMMERCIAL

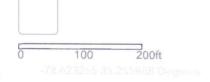
Application for Building and Trades	
Owner's Name: Name: Name:	Date: 7/25/25
Site Address: 298/ Bud Hawkins Rd, Dunn	De Phone:
Directions to job site from Lillington:	
-	
Subdivision:	
Description of Proposed Work: Rebuild, Replace fire day	Lot:
	mageo building
Heated SF Unheated SF 1800  General Contractor Information: Building Cost \$	140,000
Steel Clast Construction inc.	A. A / 2/ 19/1
Building Contractor's Company Name	919-63/-1366 Telephone
4746 old bould Rd. Lank, Ne	Telephone Dand Bailey / Eearthlink, nut
Address	Email Address
Sal Back	74282
Signature of Owner/Contractor/Officer(s) of Corporation	License #
<u>Electrical Contractor Information:</u> Electrical Cost Description of Work Service Size:	Amps #T-Poles
#5 Lec Building + electrical	919-809-0595
Flectrical Contractor's Company Name	Telephone
814 Strickland Cross Pands four laks no	
Address	Email Address
Jonahim her	134601
Signature of Owner/Contractor/Officer(s) of Corporation  Mechanical Contractor Information: Mechanical Contractor Information:	License #
Description of Work	# Units
Mechanical Contractor's Company Name	Telephone
, and	Тогорионо
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumbing Cost	~
Description of Work Y>60	# Baths S
Plumbing Contractor's Company Name	919-922-7715
1870 Pizza Character's Company Name	Telephone
1800 Bizzel Flory Churched Slima Address	Email Address
Surmence Hrady	1980
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	Telephone

Sprinkler Contractor Information		
Sprinkler Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Officer(s) of Corporation  Fire Alarm Contractor Information	License #	
Fire Alarm Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Officer(s) of Corporation	License #	
<u>Driveway Access</u> - NC Department of Transportation Driveway Acc	ess/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 <u>any</u> 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.		
oranged at run price per current ree scriedule.	7-25-25	
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	f 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' comp	ensation insurance to cover them.	
${\text{them.}}$ Has one (1) or more subcontractors(s) and has obtained workers'	compensation insurance to cover	
Has one (1) or more subcontractors(s) who has their own policy of covering themselves.	workers' compensation insurance	
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: 57 lest Cy/ Const 300 3 3 5 3 5 3 5		
Sign w/Title:	Date: / 23 25	

7/25/25, 10:09 AM GIS Viewer













www.harnett.org

**Emergency Services Department** 

## Fire Marshal Division

P.O. Box 370 Lillington, NC 27546 910-893-7580

## **Application for Plan Review**

Permit Type: Commercial Building
Date Received: Received By:
Name of Project: Paul Williams Hauling
Physical Address of Project: 2981 Bud Hawkins Rd, Dunn NC
Plans Submitted By: Steel Craf Constructions inc
Project Phone: (919)-431-1366
Contact Person/Address: David Bailey
6746 old Beulah Rd, Kenly Ne
Contact Phone: (919)-631-1366 ()
Contractor's Name/Info: David Bailey
·
Contractor's Phone: (919 )- 631-1366
Contact Email: David Bailey 18 carthlink, net

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <a href="http://hteweb.harnett.org/Click2GovBP/Index.jsp">http://hteweb.harnett.org/Click2GovBP/Index.jsp</a> or by calling the Harnett County Central Permitting Office (910-893-7525: Opt. 2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.