

\*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 Permit**

Owner's Name: Paul Williams Date: 7/25/25  
Site Address: 2981 Bud Hawkins Rd, Dunn NC Phone: \_\_\_\_\_  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: Rebuild, Replace fire damaged building

Heated SF \_\_\_\_\_ Unheated SF 1800

**General Contractor Information:** Building Cost \$ 140,000

Steelcraft Construction inc. 919-631-1366

Building Contractor's Company Name Telephone

6746 old hough Rd, Kenly NC Dan Bailey / earthlink.net

Address Email Address

Dan Bailey 74282

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

**Electrical Contractor Information:** Electrical Cost \$ 5,000

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

MS Lee Building + electrical 919-809-0595

Electrical Contractor's Company Name Telephone

814 Strickland Crossroads, Four Oaks NC

Address

Jonathan Lee Email Address

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

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

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

Mechanical Contractor's Company Name Telephone

Address Email Address

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

**Plumbing Contractor Information:** Plumbing Cost \$ 10,000

Description of Work Y2bath # Baths .5

MS Plumbing 919-422-7715

Plumbing Contractor's Company Name Telephone

1809 Bizzel Grove Church Rd, Selma

Address Email Address

Lawrence Andy 19805

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

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address Telephone

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

**Sprinkler Contractor Information**

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.

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

Date 7-25-25

**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: Steel Craft Const Inc

Sign w/Title: Don B. My. Owner

Date: 7-25-25





0 100 200ft

-78.623255 35.255888 Degrees





## 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: SteelCraf Constructions inc

Project Phone: (919) - 631 - 1366

Contact Person/Address: David Bailey  
6746 Old Beulah Rd, Kinky NC

Contact Phone: (919) - 631 - 1366 ( ) - -

Contractor's Name/Info: David Bailey

Contractor's Phone: (919) - 631 - 1366

Contact Email: David Bailey1@earthlink.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 <http://hteweb.harnett.org/Click2GovBP/Index.jsp> 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.