



Application # ERES 2404-0029

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

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

**Application for Residential Building and Trades Permit**

Owner's Name: Tremayne Steele Date 4 September 24  
Site Address: 125 Elgin Dr., Lillington, NC 27546 Phone 856-577-1173  
Subdivision: Oakmont Lot 62  
Description of Proposed Work: Upgrading 30 amp shed subpanel to 60 amp and changed plumber for added plumbing modifications Total Job Cost 16,575.37

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
N/A **HEATED SQ FT** N/A **GARAGE SQ FT** N/A  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Upgrade 30 amp shed subpanel to 60 amp Service Size: 200 Amps T-Pole: Yes  No  
Touchstone Electric LLC (919) 670-4015  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
1023 Kansas St, Kannapolis, NC 28083 luke@touchstoneelectric.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
37073  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Rewiring electrical lines throughout the shed building  
NuBlue Electric 919-495-4462  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
1211 Ireland Drive Suite 17, Fayetteville, NC 28303 permits@callnublu.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
32189-03  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Run new plumbing line and install plumbing in shed # Baths 1  
NuBlue Plumbing (910) 800-3273  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
133 Missy Byrd dr, Hope Mills, NC 28348 travis.moore@callnublu.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
34403  
License # \_\_\_\_\_

**Insulation Contractor Information**

Danny Lugo-Felix (919) 205-3213  
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.**

*Tremayne Steele*

4 September 2024

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.

Sign w/Title: Owner / *Tremayne Steele* Date: 4 September 2024