

*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: Good Hope Hospital Date: 8/8/2025
Site Address: 410 Denim Dr, Erwin, NC 28339 Phone: 910-230-4011
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Complete Interior Build Out, Currently an Empty Shell

Heated SF 6611 Unheated SF 206

General Contractor Information: Building Cost \$ 1,200,000

STE General Contractors, LLC 910-890-3979

Building Contractor's Company Name Telephone

PO Box 2364, Dunn, NC 28335 stegc.tommy@gmail.com

Address Email Address

Thomas W. McCord 78246U

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

Electrical Contractor Information: Electrical Cost \$ 160,000

Description of Work New upfit Office Service Size: 400 Amps #T-Poles 1

Hogue Electric Co., Inc 910-893-5302

Electrical Contractor's Company Name Telephone

2951 McDougald Rd, Lillington, NC 27546 alhogue@prodigy.net

Address Email Address

Al Hogue U.04424

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

Mechanical Contractor Information: Mechanical Cost \$ 150,000

Description of Work New Upfit Office # Units 3-4 Ton, 1 Mini Split

Certified Heating and Air Conditioning 910-858-0000

Mechanical Contractor's Company Name Telephone

PO Box 1071, Hope Mills, NC 28348 certifiedheatingandairllc@gmail.com

Address Email Address

Joe Bal L.20012

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

Plumbing Contractor Information: Plumbing Cost \$ 110,000

Description of Work New Upfit Office # Baths 6 and 1 Breakroom

MLS Plumbing Company, Inc 910-484-1124

Plumbing Contractor's Company Name Telephone

784 Gentry Rd, Erwin, NC 28339 mlsplumbing@hotmail.com

Address Email Address

Michael Smith NC28833P1

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

Insulation Contractor Information

Spray Foam Insulation of NC, Inc 910-892-1580

Insulation Contractor's Company Name & Address Telephone

PO Box 1220, Dunn, NC 28335

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

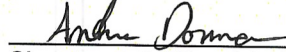
Sprinkler Contractor Information

Carolina Fire Protection

Sprinkler Contractor's Company Name

PO Box 250, Dunn, NC 28335

Address



Signature of Officer(s) of Corporation

910-892-1700

Telephone

adorman@carolinafireprotection.com

Email Address

L.23769

License #

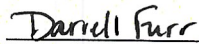
Fire Alarm Contractor Information

Albemarle Alarm & Electronics

Fire Alarm Contractor's Company Name

PO Box 1337, Albemarle, NC 28002

Address



Signature of Officer(s) of Corporation

704-983-1300

Telephone

alarm_1@windstream.net

Email Address


SP.FA/LV.18041

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

8/8/2025

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

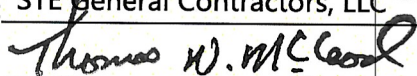
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☒ 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: STE General Contractors, LLC

Sign w/Title:



Date: 8/8/2025