

\*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.

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: Mt Pisgah Free Will Baptist Church Date: 1/8/2025  
Site Address: 145 Prospect Church Rd, Erwin, NC 28339 Phone: 910-897-4514  
Directions to job site from Lillington: W Cornelius Harnett Blvd 6.6 mi to L onto Prospect Ch Rd, 145 on L

Subdivision: 9.61ACS MT PISGAH/CLAYTONMAP#2002-569 Lot: \_\_\_\_\_

Description of Proposed Work: Addition, Activities Bldg

Heated SF 10,641 Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ 1.6 M

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

[Signature] 78246U

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

**Electrical Contractor Information:** Electrical Cost \$ 90,000

Description of Work New Construction Service Size: 100 Amps #T-Poles \_\_\_\_\_

J.M. Pope Electric, LLC 919-776-5144

Electrical Contractor's Company Name Telephone

409 Chatham St, Sanford, NC 27330 marshallpope72@gmail.com

Address Email Address

[Signature] 21326L

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

**Mechanical Contractor Information:** Mechanical Cost \$ 173,000

Description of Work New Construction # Units 3+mini new, install 5

Certified Heating and Air Conditioning, LLC 910-858-0000 910-818-0600

Mechanical Contractor's Company Name Telephone

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

Address Email Address

[Signature] L.20012

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

**Plumbing Contractor Information:** Plumbing Cost \$ 66,110

Description of Work New Construction # Baths 3

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

[Signature] NC28833P1

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

**Insulation Contractor Information**

Cumberland Insulation Co., Inc 910-484-7118

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 \_\_\_\_\_

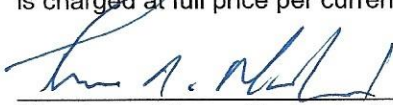
Signature of Officer(s) of Corporation \_\_\_\_\_

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

1/8/2025

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.

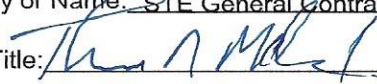
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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:  PARTNER

Date: 1/8/2025