

*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: Smith Douglas Homes Date: 7/11/22

Site Address: 19 Double Barrel St Phone: 330-608-5889

Directions to job site from Lillington: _____

Subdivision: Duncans Crossing Lot: 1

Description of Proposed Work: New Construction

Heated SF 410 Unheated SF _____

General Contractor Information: Building Cost \$ \$20,500.00

Smith Douglas Homes 330-608-5889

Building Contractor's Company Name Telephone

2520 Reliance Ave Apex, NC 27539 jdavis@smithdouglas.com

Address Email Address

[Signature] 76269

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

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work New Construction Service Size: _____ Amps #T-Poles _____

AKE 313.318.7474

Electrical Contractor's Company Name Telephone

PO Box 1358 Apex 27502 adamrkoppin@gmail.com

Address Email Address

[Signature] 31732

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

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work New Construction # Units _____

Bowman Mechanical 919.772.2759

Mechanical Contractor's Company Name Telephone

145 Technical Court Garner, NC 27529 Deana@bowmanmechanicalservices.com

Address Email Address

[Signature] 34416 H3 Class 1

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

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work New Construction # Baths 2.5

Ambit Plumbing 919-934-1379

Plumbing Contractor's Company Name Telephone

100 Rock Pillar Rd Clayton, NC 27520 ambitplumbing@gmail.com

Address Email Address

Wm. D. Coman L. 20823 Class 1

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

Insulation Contractor Information

Builders Installation - PO Box 7788 Madison WI 53707 407.491.9905

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.

Jennifer Davis

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

7/15/22

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:

 X 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.

 X 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: Smith Douglas Homes

Sign w/Title: Jenn Davis Date: 7/11/22