

in order to perform any work, must be owner or licensed contractor. Address, company name & phone must match information on state license.

420 McKinney Pkwy Lillington, NC 27548
PO Box 85 Lillington, NC 27548
910-893-7525 ext. 51 Fax: 910-893-2793 www.hamett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Smith, Douglas Homes Date: 8/17/23

Site Address: 20 Llam Dr Phone: 330-608-5889

Directions to job site from Lillington: _____

Subdivision: Harrington Place Lot: 1

Description of Proposed Work: New Construction

Heated SF 396 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 davis@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 Electric (313)318-7474

Electrical Contractor's Company Name Telephone

PO Box 1358 Apex, NC 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 _____

Cooper Contractors 919-776-7537

Mechanical Contractor's Company Name Telephone

PO Box 1317 Sanford, NC 27331 douglas@coopercontractorsnc.com

Address Email Address

[Signature] 2680

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

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work New Construction # Baths _____

Barnes Plumbing INC 919-422-2133

Plumbing Contractor's Company Name Telephone

239 Millwood Ln Angler, NC 27501 makhunter2@gmail.com

Address Email Address

[Signature] L17735 Plumbing Class1

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

Insulation Contractor Information

Builder's Insulation, 639 E Main St Suite B205 Hendersonville, TN 37075 318-508-0019

Insulation Contractor's Company Name & Address Telephone

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

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

8/17/23

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.

Company or Name: Smith Douglas Homes

Sign w/Title: Jenn Davis Permit Coordinator Date: 8/17/23