

\*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: SDH Raleigh LLC Date: 7/29/25

Site Address: 46 Smith Farms Dr Phone: 330-608-5889

Directions to job site from Lillington: NC 55 Then turn right onto NC 210 S/W. Depot Street. In about 10 miles turn right onto W Old Rd, then left onto NC-27 W Reedy Branch will be ahead on your left roughly in 6.5 miles.

Subdivision: Reedy Branch Lot: 66

Description of Proposed Work: Sales Center

Heated SF 440 Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ \$20,500

SDH Raleigh LLC 330-608-5889

Building Contractor's Company Name Telephone

3412 Apex Peakway Apex, NC 27502 jdavis@smithdouglas.com

Address Email Address

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

31732

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

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_

Description of Work New Construction # Units \_\_\_\_\_

Caryl Mechanicals 704-882-4522

Mechanical Contractor's Company Name Telephone

1041 Van Buren Ave, Indian Trail, NC 28079 savery@carylmechanicals.com

Address Email Address

22084

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

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_

Description of Work New Construction # Baths \_\_\_\_\_

NC Premium Plumbing Services 919-446-7635

Plumbing Contractor's Company Name Telephone

257 Massengill Pond Rd Angier, NC 27501 ncppsllc@gmail.com

Address Email Address

L. 36485

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.

**Jenn Davis**

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

**7/29/25**

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: SDH Raleigh LLC

Sign w/Title: Jenn Davis Permit Coordinator

Date: **7/29/25**