



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

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: MICHAEL & ASALEE ROSE AKINS Date 1/26/2022

Site Address: 42 PLANTERS GLEN DR. ANGIER Phone (919) 426/3450

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work: CONVERT EXISTING FINISHED BONDOS ROOM TO BEDROOM AND ADD BATHROOM Total Job Cost \$ 29,000.00

W.D. SMITH CONSTRUCTION LLC Building Contractor's Company Name Telephone (919) 868-4920

1514 N. MAIN ST. FURQUAY-VARINA, NC 27526 Address Email Address W.D.SMITH LLC@LIVE.COM

70614 License # REPAIRS \* MANAGES \* NO NEW FOOTAGE

**Electrical Contractor Information**

Description of Work ELECT. WORK FOR BEDROOM/BATH Service Size: \_\_\_\_\_ Amps T-Pole: Yes  No

PATRICK ELECTRICAL CONTRACTORS LLC Electrical Contractor's Company Name Telephone (910) 893-5774

1309 N. MAIN ST. LILLINGTON, NC 27546 Address Email Address TOMMY PATRICK 910@GMAIL.COM

4910 U License #

**Mechanical/HVAC Contractor Information**

Description of Work WORK ASSOCIATED WITH BEDROOM/BATH CONVERSION Mechanical Contractor's Company Name Telephone (910) 897-1853

115 HUNTER VIEW LN. COATS, NC 27521 Address Email Address

17615 License #

**Plumbing Contractor Information**

Description of Work ADD UPSTAIRS BATH ROOM # Baths 1 Plumbing Contractor's Company Name Telephone (919) 893-5774

8728 CLEAR ACRE LN. WILLOW SPRING, NC 27592 Address Email Address

33728 License #

**Insulation Contractor Information**

N/A Insulation Contractor's Company Name & Address Telephone

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



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 that **by signing below I have obtained all subcontractors permission to obtain these permits** 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 as per current fee schedule.**

William D. Jant  
Signature of Owner/Contractor/Officer(s) of Corporation

1/26/2022  
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.

Sign w/Title: William D. Jant

Date: 1/26/2022