



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: JEFFERY & SUSAN DAVIS Date 3/27/2023  
Site Address: 200 MARION DR. Phone (910) 891-9866  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: CONSTRUCT RESIDENTIAL ADDITIONAL Total Job Cost 540,000.00

**General Contractor Information**

W.D. SMITH CONSTRUCTION, LLC (919) 868-4920  
Building Contractor's Company Name Telephone  
1514 N. MAIN ST. FUQUAY-VARINA, NC WDSMITH LLC@LIVE.COM  
Address 27526 Email Address  
70614 2147 825  
License #

**Electrical Contractor Information**

Description of Work ELECTRICAL WORK FOR ADDITION Service Size: 200 Amps T-Pole: Yes  No  
AUSTIN DEAN ELECTRICAL CONTRACTOR (919) 669-0063  
Electrical Contractor's Company Name Telephone  
2837 BAPTIST GROVE ROAD FUQUAY-VARINA  
Address NC 27526 Email Address  
L 29839  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC FOR ADDITIONAL  
INDOOR COMFORT SERVICES LLC (910) 897-1853  
Mechanical Contractor's Company Name Telephone  
115 HUNTER VIEW LN. COATS, NC 27521  
Address Email Address  
17615  
License #

**Plumbing Contractor Information**

Description of Work PLUMBING FOR ADDITIONAL # Baths 2 1/2  
TOMMY ALLEN PLUMBING (919) 649-5117  
Plumbing Contractor's Company Name Telephone  
8728 CLEAR POOL LN. WILLOW SPRING  
Address NC 27592 Email Address  
33728  
License #

**Insulation Contractor Information**

STEPHENS BUILDING PRODUCTS (919) 937-8543  
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.

W.D. Frost  
Signature of Owner/Contractor/Officer(s) of Corporation

3/27/2023  
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. Frost Date: 3/27/2023