



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: HAROLD DIXON Date 5/23/2023

Site Address: 105 E. WASHINGTON ST. COATS, NC 27521 Phone 910-352-3653

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

Description of Proposed Work: RENOVATION Total Job Cost \$50,000

**General Contractor Information**

SMITH WOODWORKS INC. 910-890-2923  
Building Contractor's Company Name Telephone

P.O. Box 345 COATS, NC 27521 SCCBSMITH@YAHOO.COM  
Address Email Address

85821 **HEATED SQ FT** 1192 **GARAGE SQ FT** 0  
License #

**Electrical Contractor Information**

Description of Work RENOVATION TO CODE Service Size: 200 Amps T-Pole:  Yes  No

NEUSE RIVER ELECTRIC INC. 919-901-8129  
Electrical Contractor's Company Name Telephone

PO Box 1990 ANGLIER, NC 27501 KAYLA@NEUSERIVERELECTRIC.COM  
Address Email Address

30031-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work RENOVATION TO CODE

POLAR BEAR HEATING & AIR INC 910-890-0953  
Mechanical Contractor's Company Name Telephone

P.O. Box 981 COATS, NC 27521 POLARBEARHVAC@YAHOO.COM  
Address Email Address

30048  
License #

**Plumbing Contractor Information**

Description of Work RENOVATION TO CODE # Baths 1

ERIC PRICE 910-890-1350  
Plumbing Contractor's Company Name Telephone

19 CT THOMAS LANE LILLINGTON, NC 27546 \_\_\_\_\_  
Address Email Address

L-34384  
License #

**Insulation Contractor Information**

LIVE GREEN INCORPORATED 919-453-6411  
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.

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

5/23/2023  
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:

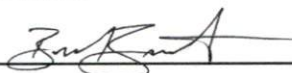
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  PRESIDENT / G.C.    Date: 5/23/2023