



Application # SFD2000-0039

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: SMITH WOODWORKS INC. - BRANDON SMITH Date: 2/16/2020  
Site Address: 15 COTTLE LAKE DR. COATS Phone: 910-890-2923  
Subdivision: COTTLESTONE ESTATES Lot: 1  
Description of Proposed Work: SFD Total Job Cost: \$236,184

**General Contractor Information**

BRANDON SMITH 910-890-2923  
Building Contractor's Company Name Telephone  
1607 CLAYHOLE RD. DUNN 28834 sccbsmith@jclw.com  
Address Email Address  
73532  
License #

**Electrical Contractor Information**

Description of Work SFD NEW CONSTRUCTION Service Size: 200 Amps T-Pole:  Yes  No  
NEUSE RIVER ELECTRIC INC. 919-740-7066  
Electrical Contractor's Company Name Telephone  
2416 NEW BETHEL CHURCH RD. GARNER NC 27839  
Address Email Address  
30031-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work S.F.D. NEW CONSTRUCTION  
POLAR BEAR HEATING + AIR 910-890-0953  
Mechanical Contractor's Company Name Telephone  
P.O. Box 981 / 55 E. MAIN ST. COATS NC 27521  
Address Email Address  
30048  
License #

**Plumbing Contractor Information**

Description of Work S.F.D. NEW CONSTRUCTION # Baths 2 1/2  
WAGNER PLUMBING INC. 919-228-1532  
Plumbing Contractor's Company Name Telephone  
555 TIRZAH DR. LILLINGTON NC 27546  
Address Email Address  
31576  
License #

**Insulation Contractor Information**

LIVE GREEN INC. 5001 OLD POOLE RD. RALEIGH 27610 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

2/18/2020  
\_\_\_\_\_  
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:  \_\_\_\_\_ Date: 2/18/2020