

Application #

\* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## **Application for Residential Building and Trades Permit**

on on license.	
Owner's Name: Smith Douglas Homes	Date: 4-7-2021
Site Address: 35 Planters dr	Phone: 919.810.2945
Subdivision: Cane Mill Estates	Lot: 1
Description of Proposed Work: New Single Family Dwelling	
General Contractor Informa	ation
Smith Douglas Homes	919.810.2945
Building Contractor's Company Name	Telephone
2520 Reliance ave. Apex 27539	vwicker@smithdouglas.com
Address	Email Address
76269 HEATED SQ FT 2404 GARAGI	E SQ FT 400
License #	
Electrical Contractor Inform	ation
Description of Work Service Si	313.318.7474
AKE	
Electrical Contractor's Company Name	Telephone
PO Box 1358 Apex 27502 Address	adamrkoppin@gmail.com Email Address
31732	Email Address
License #	
Mechanical/HVAC Contractor Inf	formation
Description of Work	
Bowman	919.772.2759
Mechanical Contractor's Company Name	Telephone
145 Technical Court Garner 27529	Deana@bowmanmechanicalservices.
Address	Email Address
12302	Elliali Address
License #	
Plumbing Contractor Inform	ation
Description of Work	# Baths 3
Celeys Quality Services LLC	919.938.1813
Plumbing Contractor's Company Name	Telephone
636-6b Old Roberts rd Benson 27504	rebecca@celeys.com
Address	Email Address
32853 I	
License #	
Insulation Contractor Inform	
Builders Installation - PO Box 7788 Madison WI 53707	407.491.9905
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

<u>4-6-2/</u>

Affid-14 f-114-d-1-0	0.0.07.44
Affidavit for Worker's Compensation N.C The undersigned applicant being the:	.G.S. 87-14
General Contractor Owner Officer/Agent of the	he Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or o set forth in the permit:	corporation(s) performing the work
Has three (3) or more employees and has obtained workers' competent	nsation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' conthem.	ompensation insurance to cover
Has one (1) or more subcontractors(s) who has their own policy of working themselves.	workers' compensation insurance
Has no more than two (2) employees and no subcontractors.	
While working on the project for which this permit is sought it is understood Department issuing the permit may require certificates of coverage of works to issuance of the permit and at any time during the permitted work from an carrying out the work.	er's compensation insurance prior
Sign w/Title: V. Well Dermitting	Date: 4-6-21