

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 information on license. 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

Owner's Name: Smith Douglas Homes	Date: 4/16/21
Site Address: 208 Planters In	Phone: 919.810.2945
	Lot: 17
Description of Proposed Work: New Single Family Dwelling	Total Job Cost:
General Contractor Informati	ion
Smith Douglas Homes	919.810.2945
Building Contractor's Company Name	Telephone
2520 Reliance ave. Apex 27539	vwicker@smithdouglas.com Email Address
Address	Email Address
76269 HEATED SQ FT 2285 GARAGE	SQ FT 666
License #	
Description of Work Service Size	tion a: Amns T-Pole: Y Ves No
AKE	313.318.7474
Electrical Contractor's Company Name	Telephone
PO Box 1358 Apex 27502	adamrkoppin@gmail.com
Address	Email Address
31732	
License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work	
Bowman	919.772.2759
Mechanical Contractor's Company Name	Telephone
145 Technical Court Garner 27529	Deana@bowmanmechanicalservices.co
Address	Email Address
12302	
License #	4ian
Plumbing Contractor Information	
Description of Work	# Baths 2.5
Celeys Quality Services LLC	919.938.1813
Plumbing Contractor's Company Name	Telephone
636-6b Old Roberts rd Benson 27504	rebecca@celeys.com
Address 32853 I	Email Address
License #	
Insulation Contractor Informa	tion
Builders Installation - PO Box 7788 Madison WI 53707	
	407.491.9905

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

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

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: V/Willer permitting Date: 4-6-21