



Application # _____

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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Smith Douglas Homes Date: _____

Site Address: _____ Phone: 919.810.2945

Subdivision: Cane Mill Estates Lot: _____

Description of Proposed Work: New Single Family Dwelling Total Job Cost: _____

General Contractor Information

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** **GARAGE SQ FT**

License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: X Yes ___ 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 Information

Description of Work _____

Bowman 919.772.2759

Mechanical Contractor's Company Name Telephone

145 Technical Court Garner 27529 Deana@bowmanmechanicalservices.com

Address Email Address

12302

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

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 Information

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

4-6-21
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: WWCBL permitting Date: 4-6-21