



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: THOMAS L. & ABBIE G. BRADLEY Date 3/14/2024
Site Address: 404 PONCHARTRAIN ST. FUQUAY-VARINA NC 27526 Phone (919) 538-3984
Subdivision: _____ Lot _____
Description of Proposed Work: CONSTRUCT SFD Total Job Cost \$680,000.00

General Contractor Information

W.D. SMITH CONSTRUCTION, LLC (919) 868-4920
Building Contractor's Company Name Telephone
1514 N. MAIN ST FUQUAY-VARINA NC 27526 W.D.SMITHLLC@LIVE.COM
Address Email Address
70614 HEATED SQ FT 2145 GARAGE SQ FT 1073
License #

Electrical Contractor Information

Description of Work WIRE SFD Service Size: 400 Amps T-Pole: Yes No
BUNNY ELECTRICAL LLC (919) 669-0063
Electrical Contractor's Company Name Telephone
2837 BAPTIST GROVE RD. AUSTINDEAN.ELECTRIC@GMAIL.COM
Address FUQUAY-VARINA, NC 27526 Email Address
L 29839
License #

Mechanical/HVAC Contractor Information

Description of Work PROVIDE HEAT & AIR FOR SFD
INDOOR COMFORT SYSTEMS (910) 897-1853
Mechanical Contractor's Company Name Telephone
115 HUNTER VIEW LN. COATS, NC 27521
Address
L 17615
License #

Plumbing Contractor Information

Description of Work PROVIDE PLUMBING FOR SFD # Baths 3 1/2
TOMMY ALLEN PLUMBING (919) 552-6902
Plumbing Contractor's Company Name Telephone
8728 CLEAR POOL LN WILLOW SPRING, NC 27592
Address
L 33728
License #

Insulation Contractor Information

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.

William D. Suter
Signature of Owner/Contractor/Officer(s) of Corporation

3/14/2024
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: William D. Suter Date: 3/14/2024