



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: Thomas L. Bradley III Date: 7/20/21
Site Address: 406 Ponchartrain Street Fayetteville, NC, 27327 Phone: (919) 538-3784
Subdivision: _____ Lot: 1
Description of Proposed Work: 40x40 Building/home Total Job Cost: 117,000.00

General Contractor Information

WD Smith Construction LLC 919-8684920
Building Contractor's Company Name Telephone
1514 N. Main St. Fayetteville, NC wdsmithllc@live.com
Address Email Address
70614 HEATED SQ. FT. 730 GARAGE SQ. FT. 870
License #

Electrical Contractor Information

Description of Work: Wiring of stick built structure Size: 200 Amps T-Pole: Yes No
Dean Electric LLC (919) 669-0063
Electrical Contractor's Company Name Telephone
2937 Baptist Grove Rd. Fayetteville, NC, 27306 austindeanelectric@gmail.com
Address Email Address
L-29839
License #

Mechanical/HVAC Contractor Information

Description of Work: Install ductless mini split and vent bath fan
Dupree Heating and Air 919-291-0573
Mechanical Contractor's Company Name Telephone
2085 Eddie Howard Rd. Willow Springs, NC, 27579 dupreehvac@yahoo.com
Address Email Address
31834
License #

Plumbing Contractor Information

Description of Work: INSTALL PLUMBING FOR SHOP/APARTMENT # Baths 1
TOMMY ALLEN PLUMBING (919) 370-1956
Plumbing Contractor's Company Name Telephone
8728 CLEAR POOL LN. WILLOW SPRING NC _____
Address Email Address
33728
License #

Insulation Contractor Information

TRI-CITY INSULATION 7204 BECKY CIRCLE (919) 790-9684
Insulation Contractor's Company Name & Address Telephone
RALEIGH, 27615

*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

8/15/21
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: *[Signature]* member / manager GC Date: 8/15/21