



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 of licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: FREDRICK + LINDA ROBINSON Date 8/2/2022
Site Address: 234 W. LISA ST. COATS, NC 27521 Phone 919-820-1175
Subdivision: _____ Lot _____
Description of Proposed Work: ACCESSORY DWELLING Total Job Cost \$175,000

General Contractor Information

SMITH WOODWORKS INC. 910-890-2923
Building Contractor's Company Name Telephone
P.O. Box 365 COATS, NC 27521 SCCSMITH@YAHOO.COM
Address Email Address
85821 **HEATED SQ FT** **GARAGE SQ FT**
License #

Electrical Contractor Information

Description of Work NEW CONSTRUCTION Service Size: 200 Amps T-Pole: Yes No
NEUSE RIVER ELECTRIC INC. 919-901-8129
Electrical Contractor's Company Name Telephone
P.O. Box 1990 ANGLER, NC 27501 KAYLAC@NEUSERIVERELECTRIC.COM
Address Email Address
30031-L
License #

Mechanical/HVAC Contractor Information

Description of Work NEW CONSTRUCTION
POLAR BEAR HEATING & AIR INC. 910-890-0953
Mechanical Contractor's Company Name Telephone
P.O. Box 981 COATS, NC 27521 POLARBEARHVAC@YAHOO.COM
Address Email Address
30048
License #

Plumbing Contractor Information

Description of Work NEW CONSTRUCTION # Baths 1
DAVID'S PLUMBING 919-228-1532
Plumbing Contractor's Company Name Telephone
555 TIRZAH DR. LILLINGTON, NC 27546 _____
Address Email Address
31576 - incorrect sent email 8/10/22 Brandon Smith
License #

Insulation Contractor Information

LIVE GREEN INC. 5001 OLD POOLE RD. RALEIGH 27610 919-453-6411
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

8/2/2011
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] / OWNER / PRESIDENT Date: 8/2/2011