

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

	Date:
Site Address:	Phone: 330-608-5889
	Lot:
Description of Proposed Work: New Single Family Dwelling	Total Job Cost: <u>\$195,449</u>
General Contractor Informat	<u>tion</u>
Smith Douglas Homes	330-608-5889
Building Contractor's Company Name	Telephone
2520 Reliance ave. Apex 27539	jdavis@smithdouglas.com_
Address	Email Address
76269 HEATED SQ FT GARAGE	SQ FT
License #	
Description of Work Service Siz	
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	<u>ormation</u>
Description of Work	
Bowman	919.772.2759
Mechanical Contractor's Company Name	Telephone
145 Technical Court Garner 27529	Deana@bowmanmechanicalservices.com
Address	Email Address
34416 H3 Class 1	
License # Plumbing Contractor Informa	ation
Description of Work	
E & M Construction Services	910-304-7700
Plumbing Contractor's Company Name	Telephone
52 Pioneer Ct Lillington, NC 27546	emcleaningandplumbing@gmail.com
Address L. 29651 Class 1	Email Address
License #	
Insulation Contractor Informa	ation
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 of Owner/Contractor/Officer(s) of Corporation

6/29/2022

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: Jennifer DavisPermit Coordinator Date: 6/29/22