

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

| Owner's Name: Smith Douglas Homes | Date: |
|--|---------------------------------|
| Site Address: | Phone: <u>330-608-5889</u> |
| Subdivision: Harrington Place | |
| Description of Proposed Work: New Single Family Dwelling | |
| General Contractor Informatio | <u>n</u> |
| Smith Douglas Homes | 330-608-5889 |
| Building Contractor's Company Name | Telephone |
| 2520 Reliance ave. Apex 27539 | jdavis@smithdouglas.com |
| Address | Émail Address |
| | Q FT |
| License # Electrical Contractor Information | |
| Description of Work New Construction Service Size: | |
| 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 Inform | matian |
| Description of Work New Construction | nation |
| | 919-776-7537 |
| Cooper Contractors Mechanical Contractor's Company Name | Telephone |
| PO Box 1317 Sanford, NC 27331 | douglas@coopercontractorsnc.com |
| Address | Email Address |
| 2680 | Ziriali / Idaroos |
| License # | |
| Plumbing Contractor Information | <u>on</u> |
| Description of Work New Construction | # Baths |
| Barnes Plumbing INC | 919-422-2133 |
| Plumbing Contractor's Company Name | Telephone |
| 239 Millwood Ln Angier, NC 27501 | makhunter2@gmail.com |
| Address | Email Address |
| .17735 Plumbing Class1 | |
| License # Insulation Contractor Information | on |
| Builders Installation - PO Box 7788 Madison WI 53707 | 407.491.9905 |
| Insulation Contractor's Company Name & Address | |

*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' compe | ensation insurance to cover them. | |
| Has one (1) or more subcontractors(s) and has obtained workers' of them. | | |
| Has one (1) or more subcontractors(s) who has their own policy of covering themselves. | workers' compensation insurance | |
| Has no more than two (2) employees and no subcontractors. | | |
| While working on the project for which this permit is sought it is understood Department issuing the permit may require certificates of coverage of work to issuance of the permit and at any time during the permitted work from a carrying out the work. | ker's compensation insurance prior | |
| Sign w/Title: Jennifer DavisPermit Coordinator | Date: 6/29/22 | |