

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: 330-608-5889
Tabaaaa Daad	Lot:
Description of Proposed Work: New Single Family Dwelling	Total Job Cost:
General Contractor Information	on_
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 S	SQ FT
License #	
<u>Electrical Contractor Information</u> Description of Work New Construction  Service Size	on  Amns T-Pole: V Ves No
AKE	313.318.7474
Electrical Contractor's Company Name	Telephone
DO D 4050 A 07500	adamrkoppin@gmail.com
PO Box 1358 Apex 27502 Address	Email Address
31732	
License #	
Mechanical/HVAC Contractor Infor	<u>mation</u>
Description of Work New Construction	
Cooper Contractors	919-776-7537
Mechanical Contractor's Company Name	Telephone
PO Box 1317 Sanford, NC 27331	douglas@coopercontractorsnc.com
Address	Email Address
2680	
License # Plumbing Contractor Informati	ion
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
L.17735 Plumbing Class1	
License # Insulation Contractor Informat	ion
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.

Date

Signature of Owner/Contractor/Officer(s) of Corporation

	<u></u>
Affidavit for Worker's Compe The undersigned applicant being the:	nsation N.C.G.S. 87-14
General Contractor Owner O	fficer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the perso set forth in the permit:	n(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained	workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obta	ined workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their covering themselves.	own policy of workers' compensation insurance
Has no more than two (2) employees and no subcor	itractors.
While working on the project for which this permit is sought Department issuing the permit may require certificates of co to issuance of the permit and at any time during the permitt carrying out the work.	overage of worker's compensation insurance prior
Sign w/Title:Permit Coordinator	Date:
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