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: Smith Douglas Homes Date: 4/18/25

Site Address: 143 Mildred Place Phone: 330-608-5889

Subdivision: Harrington Place Lot: 57

Description of Proposed Work: New Single Family Dwelling Total Job Cost: $216,110

General Contractor Information

Smith Douglas Homes — 330-608-5889
Building Contractor's Company Name — Telephone

3412 Apex Peakway Apex, NC 27502 — jdavis@smithdouglas.com
Address — Email Address

76269 HEATED SQ FT 2053 GARAGE SQ FT 438
License #

Electrical Contractor Information

Description of Work New Construction Service Size: _____Amps T-Pole: X Yes ___No

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 Information

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 Information

Description of Work New Construction # Baths 2.5

NC Premium Plumbing Services — 919-466-7635
Plumbing Contractor's Company Name — Telephone

257 Masengill Pond Rd Angier, NC 27501 — ncppsllc@gmail.com
Address — Email Address

L. 36485
License #

Insulation Contractor Information

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.**

Harnett COUNTY NORTH CAROLINA

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

4/18/25
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 Davis---Permit Coordinator Date: 4/18/25