



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: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Phone: 330-608-5889  
Subdivision: Briarwood Park Lot: \_\_\_\_\_  
Description of Proposed Work: New Single Family Dwelling Total Job Cost: \_\_\_\_\_

**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** **GARAGE SQ FT**  
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  
Caryl Mechanicals 704-882-4522  
Mechanical Contractor's Company Name Telephone  
1041 Van Buren Ave, Indian Trail, NC 28079 savery@carylmechanicals.com  
Address Email Address  
22084  
License #

**Plumbing Contractor Information**

Description of Work New Construction # Baths \_\_\_\_\_  
NC Premium Plumbing Services 919-466-7635  
Plumbing Contractor's Company Name Telephone  
257 Masengill Pond Rd Angier, NC 27501 ncppslc@gmail.com  
Address Email Address  
L. 36485  
License #

**Insulation Contractor Information**

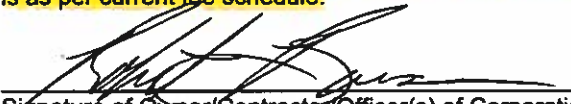
Builders Installation - PO Box 7788 Madison WI 53707 407.491.9905  
Insulation Contractor's Company Name & Address Telephone

**\*NOTE: General Contractor / owner must fill out and sign the second page of this application.**



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

\_\_\_\_\_  
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: \_\_\_\_\_