



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

Subdivision: Reedy Branch 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 313.318.7474

AKE Telephone

Electrical Contractor's Company Name adamrkoppin@gmail.com

PO Box 1358 Apex 27502 Email Address

Address

31732

License #

Mechanical/HVAC Contractor Information

Description of Work New Construction 704-882-4522

Caryl Mechanicals Telephone

Mechanical Contractor's Company Name savery@carylmechanicals.com

1041 Van Buren Ave, Indian Trail, NC 28079 Email Address

Address

22084

License #

Plumbing Contractor Information

Description of Work New Construction # Baths

NC Premium Plumbing Services 919-446-7635

Plumbing Contractor's Company Name Telephone

257 Massengill Pond Rd Angier, NC 27501 ncppsllc@gmail.com

Address

L.17735 Plumbing Class1

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.

A handwritten signature in black ink, appearing to read "Jennifer Davis".

Date _____

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

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 subcontractor(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractor(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: _____