



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: Adams Homes AEC LLC Date: 7/14/21  
Site Address: 243 Spring Flowers Dr. Phone: 919-233-6747  
Subdivision: Carolina Seasons Lot: 55  
Description of Proposed Work: Residential SFD Total Job Cost: \$150,000

**General Contractor Information**

Adams Homes AEC LLC Telephone 919-233-6747  
Building Contractor's Company Name  
149 U.S. Hwy 70 W. Garner, NC 27529 Email Address raleighpermits@adams-homes.com  
Address  
59785 HEATED SQ FT 2307 GARAGE SQ FT 4510  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
J.M. Pope Telephone 919-776-5144  
Electrical Contractor's Company Name  
409 Chatham St. Sanford, NC 27330 Email Address \_\_\_\_\_  
Address  
213216L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
ARS Telephone 919-805-7777  
Mechanical Contractor's Company Name  
Raleigh, NC Email Address \_\_\_\_\_  
Address  
23253  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths 2  
Titans Telephone 919-902-0990  
Plumbing Contractor's Company Name  
Raleigh, NC Email Address \_\_\_\_\_  
Address  
34800  
License #

**Insulation Contractor Information**

Tatum Telephone \_\_\_\_\_  
Insulation Contractor's Company Name & Address

incorrect  
LIC #  
7-16-21  
K.G.

**\*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 6/10/21

**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: [Signature] General Manager Raleigh Date: 6/10/21

476, 500, 514, 530, and 545 Green Links Dr.  
 111, 243, 277, 396, 464, and 484 Spring Flowers Dr.  
 18 Breezeway Lane.  
 38 Cedarview Ct.  
 108 Season Dr.



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 Subdivision: Carolina Seasons Lot: \_\_\_\_\_  
 Description of Proposed Work: \_\_\_\_\_ Total Job Cost: \_\_\_\_\_

**General Contractor Information**

Adams Homes AEC LLC 919-233-6747  
 Building Contractor's Company Name Telephone  
149 U.S. Hwy 70 W. Garner, NC 27529 raleighpermits@adamshomes.com  
 Address Email Address

License # \_\_\_\_\_ HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
 Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
ARS 919-8105-7777  
 Mechanical Contractor's Company Name Telephone  
Raleigh, NC \_\_\_\_\_  
 Address Email Address  
28807 \_\_\_\_\_  
 License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
 Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

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