



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: 484 Spring Flowers Dr. Phone: 919-233-6747
Subdivision: Carolina Seasons Lot: 291
Description of Proposed Work: Residential SFD Total Job Cost: \$150,000

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
59785 HEATED SQ FT 2913 GARAGE SQ FT 395
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
J.M. Pope 919-776-5144
Electrical Contractor's Company Name Telephone
409 Chatham St. Sanford, NC 27330
Address Email Address
213210L
License #

Mechanical/HVAC Contractor Information

Description of Work _____
ARS 919-865-7777
Mechanical Contractor's Company Name Telephone
Raleigh, NC
Address Email Address
23253
License #

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

Plumbing Contractor Information

Description of Work _____ # Baths 4
Titans 919-902-0990
Plumbing Contractor's Company Name Telephone
Raleigh, NC
Address Email Address
34800
License #

Insulation Contractor Information

Tatum
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 6/10/21
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: General Manager Raleigh Date: 6/10/21

476, 500, 514, 530, and 545 Green Links Dr.
111, 243, 277, 396, 404, 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: _____

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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.**