

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

nation on Ilcense.		n 2	
Owner's Name: Adams Homes AEC LLC	Da	te: 2/2/22	
Site Address: 44 Motty Pine Dr. Camurun NC 28	326 Phone: 91	9.223-10747	
Subdivision: <u>Carolina</u> Seasons	Lot:	10	
D I II I I I I I I I I I I I I I I I I	Total Job Cost: 29		
General Contractor Information	the second secon	,	
Adams Homes AEC UC	919.233-670	17	
Building Contractor's Company Name	Telephone		
149 U.S. Itwy 70 W. Garner, NC 27529	raleigh permits	<u> Bodamshomus</u>	Con
License #	OFT 454		
Description of Work Service Size:	<u>on</u>	/	
Description of Work Service Size:			
Lieutrical Contractor's Company Name	919-776-5	144	
	Telephone		
409 Chatham St. Sanford NC 27330	Email Address		
213210L	Email Address		
License #			
Mechanical/HVAC Contractor Inform	nation		
Description of Work			
_ HKS	919-8105-7	777	
Mechanical Contractor's Company Name	Telephone		
Kaleigh NC			
Address	Email Address	0	
Plumbing Contractor Information	<u>n</u>		
Description of Work	_# Baths_ 2.5		
Titans	919-902-0	990	
Plumbing Contractor's Company Name	Telephone		
Raleigh NC			
Address	Email Address		
34900 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 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: Date: 6/10/21		