

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

ation on ilcense.			
Owner's Name: Adams Homes AEC LLC Site Address: 49 Shirtleaf Ct. Camuron, NC 2832	Da	ate: 2/2/22	
Site Address: 49 Shortleaf Ct. Cameron, NC 2832	Le Phone: 9	9.233-6747	
Subdivision: <u>Carolina</u> Seasons	Lot: 84	,	
Description of Proposed Work: _SFD	Total Job Cost: 2	D 000	
General Contractor Information			
Adams Homes AEC UC	919.233-674	17	
Building Contractor's Company Name	Telephone		
149 U.S. HWY 70 W. Garner, NC 27529	raleigh Dermits	Androwshours	1000
149 U.S. Hwy 70 W. Carner, NC 27529 Address	Email Address	TATOMANII SIIVIVO )	Curi
59785 HEATED SOFT 2316 GARAGES			
License #			
Description of Work	on .	./	
Description of Work Service Size:			
Electrical Contractor's Company Name	919-776-5	144	
LICE Challenge Cl. Day Carl and Company Name	Telephone		
409 Chatham St. Sanford NC 27330	= =====		
	Email Address		
213210 L License #			
Mechanical/HVAC Contractor Inform	ation		
Description of Work			
ARS	919-8105-7	777	
Mechanical Contractor's Company Name	Telephone		
Raleigh NC			
Address	Email Address	9	
28807			
License #			
Plumbing Contractor Information	1		
Description of Work	# Baths 3		
Titans	919-902-1	1990	
Plumbing Contractor's Company Name	Telephone		
Raleigh NC			
Address	Email Address		
34800			
License #			
Insulation Contractor Information			
Tatum			
nsulation 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

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 of the Contractor of the Contractor or of the Contractor or of the Contractor or of the Contractor or of the Contractor of the	Owner		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) per set forth in the permit:	forming the work		
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 insurthem.	rance to cover		
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 P Department issuing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, firm or carrying out the work.	insurance prior		
Sign w/Title: Date: 6	10/21		