



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: Warren Adams Date: 10-5-2021
Site Address: 4395 NC 210 N Angier NC 27501 Phone: 919-669-7192
Subdivision: _____ Lot: _____
Description of Proposed Work: New Residential Total Job Cost: 200,000

General Contractor Information

Christopher M Adams 910-890-6100
Building Contractor's Company Name Telephone
5780 McArthur Rd Broadway NC 27505 cmabuilders1@yahoo.com
Address Email Address
75862 HEATED SQ FT 1638 GARAGE SQ FT 645
License #

Electrical Contractor Information

Description of Work New Residential Electrical Service Size: 200 Amps T-Pole: Yes No
Austin Dean Electrical Contractor
Electrical Contractor's Company Name Telephone
2837 Baptist Grove Rd Fuquay Varina NC 27526 austindeanelectric@gmail.com
Address Email Address
29839
License #

Mechanical/HVAC Contractor Information

Description of Work New Residential Mechanical/HVAC
Michael Coates
Mechanical Contractor's Company Name Telephone
15 Fig Berry St Clayton NC 27527
Address Email Address
22489
License #

Plumbing Contractor Information

Description of Work New Residential Plumbing # Baths 2
Allegiance Plumbing 910-676-2334
Plumbing Contractor's Company Name Telephone
Address Email Address
33823 Allegiance Plumb@gmail.com
License #

Insulation Contractor Information

Tri City 334 E Mountain Dr Fayetteville 910 486 8855
Insulation Contractor's Company Name & Address Telephone
NC 28306

***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.

Christopher M Adm

10-5-2021

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: *Christopher M Adm, Owner*

Date: *10-5-2021*