

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 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 license.	
Owner's Name: Adams Homes AEC LLC	Date: 2/1/22
Site Address: 32 Wisturn Pine Way	Phone: 919-233-674-7
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Description of Proposed Work:	
General Contractor Informati	
	_
Building Contractor's Company Name	919 233 6747 Telephone
149 U.S. Hwy 70 W. Carner, NC 27529 Address	raleigh Dermits Anadamshomes con
Address	Email Address
59785 HEATED SO FT 2004 GARAGE:	SQ FT_447
Description of Work Service Size	lon
Description of Work Service Size	:Amps T-Pole: VYesNo
J.M. Page	919-776-5144
Electrical Contractor's Company Name	Telephone
409 Chatham St. Sanford NC 27330	
Address	Email Address
213210L	
License #	
Mechanical/HVAC Contractor Information	mation
Description of Work	
ARS	919-8105-7777
Mechanical Contractor's Company Name	Telephone
Raleigh NC	
Address	Email Address
_28807 _	
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work	# Baths 3
Titans	919-902-0990
Plumbing Contractor's Company Name	Telephone
Raleigh NC. Address	
Address	Email Address
348XX	
License #	
Insulation Contractor Informatio	<u>on</u>
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	