

Application # _____

com

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

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

on on license.	
Owner's Name: Adams Homes AEC LLC	Date: 3/30/22
Site Address: UT Red Pine Ct.	Phone: 919-233-674-7
Subdivision: Camuron Wood S	Lot: <i> </i> 8
Description of Proposed Work: Residential SFD	Total Job Cost: 200,000
General Contractor Information	
Building Contractor's Company Name	919-233- 6747 Telephone
149 U.S. Hwy 70 W. Carner, NC 27529	raleigh Dexmits Androshomes
Address	ratual permits and amshows Email Address
59795 HEATED SQ FT21028 GARAGE SI	QFT 454
License #	
Description of Work Service Size:	Amps T Bolo: 1 Vos No
Electrical Contractor's Company Name	919-77 <i>0</i> -5144 Telephone
	relephone
409 Chatham St. Sanford NC 27330	Frank Address
Address	Email Address
213262	
License # Mechanical/HVAC Contractor Information	
Description of Work	212 1 42 7153
Da D HVAC LLC	919-628-2183
Mechanical Contractor's Company Name	Telephone
605 Chatham St. Sanford NC 27330	
Address	Email Address
23371_	
License #	
Plumbing Contractor Information	
Description of Work	_# Baths_3.5
Titans	919-902-0990
Plumbing Contractor's Company Name	Telephone
Ralpiah NC	
Address	Email Address
34800	
License #	
Insulation Contractor Information	
Tatum	
Insulation Contractor's Company Name & Address	

*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.

Owner/Contractor/Officer(s) of Corporation

Signature of

Date 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 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