

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Carroll Construction, Homes, INC	Date 10/23/2021
Site Address: 219 PLACID POND DR. Browledway M	Phone 919-868-7700
Subdivision: HAVEN	Lot5
Description of Proposed Work: NEW RESIDENTIAL	_ Total Job Cost 240, 600
General Contractor Information	
C.C. ADAMS Construction, INC.	919-368-7700
Building Contractor's Company Name	Telephone
10000 Raleigh Roal Benson NC 27504	rameron. adams 1087 e gmail co
Address	Email Address
81270 HEATED SQ FT 1376 GARAGE SC	QFT 33)
License #	
Description of Work NEW RESIDENTUAL Service Size:	Amps T-Pole: Yes No
R. A. JAULSON Electric	919-894-5367
Electrical Contractor's Company Name	Telephone
9261 Raleigh ROAD Benson NC 27504	Tolophone
Address	Email Address
71144SFD	
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work NEW RESTDENTIAL	
Stephenson Heating: AIR IM	919-329-0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash DR GARNER NC 27529	
Address	Email Address
18644	
License #	
Plumbing Contractor Informatio	1
Description of Work NEW RES FDENTIAL	# Baths A
Ambit Plumbing	919-934-1379
Plumbing Contractor's Company Name	Telephone
755 ROCK Pillar RD CLAYTON NC 27520	
Address 20823	Email Address
License #	
Insulation Contractor Informatio	<u>n</u> 000 (()
TATUM INSULATION IL SIO OLD PLUG STORE P.D.	ANT ANT ANTIQUE
	919-661-0999
Insulation Contractor's Company Name & Address GAZVER W	799-661 - 0999 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 Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Owner Officer/Agent of the Contractor or Owner General Contractor 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 ¢entral 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. PRESTOENT Date: 10/23/2021 Sign w/Title: