

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, Ill Site Address: 235 Phoid Rond DR Bradway NL 27504	Date 9/28/202	L
Site Address: 235 Phoid Dan Dr. Breadway NL 27504	Phone919-668-7700	2
Subdivision: HAVEN	Lot 6	
Description of Proposed Work: NEW RESTOENTAL	Total Job Cost 4 240,000	
General Contractor Information		
(J.C. ADAMS Construction, INC.	919-868-7700	
Building Contractor's Company Name	Telephone	
10000 Raleigh Roal Benson NC 27504	ameron. adams 1087 c gmail.	10
Address		
Elicense # HEATED SQ FT 1426 GARAGE SQ	IFT 309 "Corang B"	
Description of Work NEW RESDENDAL Service Size:		
Description of Work NEW KENDENTIAL Service Size:	Amps T-Pole: Ves N	10
R. A. JAULSON Electric	919-894-5367	
Electrical Contractor's Company Name	Telephone	
9261 Raleigh ROAD Benson NC 27504		
Address	Email Address	
21144SFD		
License #	ation	
Mechanical/HVAC Contractor Inform	auon	
Description of Work NEW RESIDENTIAL	010 7 00 101	
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 Information	n	
Description of Work NEW RES FUENTIAL	7	
Ambit Plumbing	# Baths 919 934 - 1379	
Plumbing Contractor's Company Name	Telephone	-
755 Rock Pillar RD CLAYTON NC 27520	Тегерпопе	
Address	Email Address	
20823	,	
License #		
Insulation Contractor Information		
TATUM INSULATION I SIG OLD PUG STORE PD	919-661 - 0999	_
Insulation Contractor's Company Name & Address GAZVER W	Telephone	
*NOTE: General Contractor / owner must fill out and sign the s	second page of this application.	

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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: 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. PRESIDENT Date: 9/20/2021 Sign w/Title: