

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

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Owner's Name: Carroll Construction Homes, IM	Date 10/23/202
Site Address: 267 PLACTO DOND DRIVE Brown NC	Phone 919-868-7700
Subdivision: HAVEN	Lot 8
Description of Proposed Work: NEW RESIDENTIAL	Total Job Cost 240,000
G.C. ADAMS Construction, INC.	
(T.(. HDAMS Construction, INC.	919-368-7700
Building Contractor's Company Name	relephone
10000 Raleigh Roal Benson NC 27504	rameron. adams 1087 e gmail co
Address	Email Address
8270 HEATED SQ FT 1423 GARAGE SQ	FT 392
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
926 Raleigh ROAD Benson NC 27504	
Address	Email Address
7/144SFD	
License # Mechanical/HVAC Contractor Inform	ation
Description of Work NEW RESTDENTIAL	ation
Stephenson Heating: AIR IML	919-329-0686
STOPHERSON HUMB, HILL SIVE	
Mechanical Contractor's Company Name	
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company Name 343 Shipwash DR GARUER VC 27529 Address	
Mechanical Contractor's Company Name 343 Shipwash DR GARVER VC 27529	Telephone
Mechanical Contractor's Company Name 343 Shipwash DR GARUER VC 27529 Address 18644 License #	Telephone Email Address
Mechanical Contractor's Company Name 343 Shipwash DR GARUER VC 27529 Address 18644 License # Plumbing Contractor Information	Telephone Email Address
Mechanical Contractor's Company Name 343 Shipwash DR GARVER VC 27529 Address 18644 License # Plumbing Contractor Information Description of Work NEW RES FIEMTAL	Telephone Email Address # Baths
Mechanical Contractor's Company Name 343 Shipwash DR GARVER VC 27529 Address 18644 License # Plumbing Contractor Information Description of Work NEW RES FOEMTAL Ambit Plumbing	Telephone Email Address 1 # Baths 2 919-934-1379
Mechanical Contractor's Company Name 343 Shipwash DR GARNER NC 27529 Address 8644 License # Plumbing Contractor Information Description of Work NEW RES FOENTAL Ambit Plumbins Plumbing Contractor's Company Name Plumbing Contractor's Company Name	Telephone Email Address # Baths
Mechanical Contractor's Company Name 343 Shipwash DR GARNER NC 27529 Address 18644 License # Plumbing Contractor Information Description of Work NEW RESTDENTAL Ambit Plumbing Plumbing Contractor's Company Name 755 Rock Pillar RD CLATTON NC 27520	Telephone Email Address # Baths 2 919-934-13-79 Telephone
Mechanical Contractor's Company Name 343 Shipwash DR GARWER NC 27529 Address 18644 License # Plumbing Contractor Information Description of Work NEW RESTDENTAL Ambit Plumbing Plumbing Contractor's Company Name 755 Rock Pillar RD CLATTON NC 27520 Address	Telephone Email Address 1 # Baths 2 919-934-1379
Mechanical Contractor's Company Name 343 Shipwash DR GARNER NC 27529 Address 18644 License # Plumbing Contractor Information Description of Work NEW RESTDENTAL Ambit Plumbins Plumbing Contractor's Company Name 755 Rock Pillar RD CLAYTON NC 27520 Address 20823	Telephone Email Address # Baths 2 919-934-13-79 Telephone
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*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. 10/23/2021 Date 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 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. PRESTOENT Date: 10/23/2021

Sign w/Title: