

Application #	
1 1	

\* 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** 

A	
Owner's Name: Carroll Construction Homes, INC	Date 2 2 2 202
Site Address: 295 Place L Pard DR. Browling NC 27505	Phone 919-868 7700
Subdivision: HAVEN	Lot
Description of Proposed Work: NEW RESTOENTFAL	Total Job Cost 265,000
General Contractor Information	
(T. ( ADAMS Construction, INC.	919-368-7700
Building Contractor's Company Name	Telephone
10000 Raleigh Roal Benson NC 27504	(ameron. adams 1087 e gmail com
Address	Email Address
8270 HEATED SQ FT 156 GARAGE SC	FT 499
License #	
Description of Work NEW RESULENDAL Service Size:	000 Amps T-Pole Ves No
R. A. JAULSON Electric	919-894-5367
Electrical Contractor's Company Name	Telephone
926 Raleigh ROAD Benson NC 27504	relephone
Address	Email Address
71144SFD	
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work NEW RESTDENTIAL	
Stephenson Heating: AIR IM	919-329-0686
TIVING TO THE ME	1110-1
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company Name	
Mechanical Contractor's Company Name  343 Shipwash DR GARWER VC 27529  Address	
Mechanical Contractor's Company Name 343 Shipwash DR GARWER VC 27529	Telephone
Mechanical Contractor's Company Name  343 Shipwash DR GARWER VC 27529  Address  18644  License #	Telephone Email Address
Mechanical Contractor's Company Name  343 Shipwash DR GARUER VC 27529  Address  18644  License #  Plumbing Contractor Informatio	Telephone Email Address
Mechanical Contractor's Company Name  343 Shipwash DR GARVER VC 27529  Address  18644  License #  Plumbing Contractor Informatio  Description of Work NEW RES FRENTAL	Telephone  Email Address  # Baths 2
Mechanical Contractor's Company Name  343 Shipwash DR GARVER VC 27529  Address  18644  License #  Plumbing Contractor Informatio  Description of Work NEW RES FRENTAL	Telephone  Email Address  # Baths 2
Mechanical Contractor's Company Name  343 Shipwash DR GARVER VC 27529  Address  18644  License #  Plumbing Contractor Information  Description of Work NEW RES FRENTAL  Ambit Plumbing  Plumbing Contractor's Company Name	Telephone Email Address
Mechanical Contractor's Company Name  343 Shipwash DR GARNER VC 27529  Address 18644  License #  Plumbing Contractor Informatio  Description of Work NEW RES FRENTAL  Ambit Plumbing	Telephone Email Address  n # Baths 2 919 934 -1379 Telephone
Mechanical Contractor's Company Name  343 Shipwash DR GARVER VC 27529  Address  18644  License #  Plumbing Contractor Information  Description of Work NEW RESTDENTAL  Ambit Plumbing  Plumbing Contractor's Company Name  755 Pock Pillar PD CLAYION NC 21520  Address	Telephone Email Address  n # Baths 2 919 934 -1379
Mechanical Contractor's Company Name  343 Shipwash DR GARNER VC 27529  Address 18644  License #  Plumbing Contractor Informatio  Description of Work NEW RESTDENTAL  Ambit Plumbing  Plumbing Contractor's Company Name  755 Rock Pillar RD CLATION NC 27520	Telephone Email Address  n # Baths 2 919 934 -1379 Telephone
Mechanical Contractor's Company Name  343 Shipwash DR GARWER UC 27529  Address 18644  License #  Plumbing Contractor Informatio  Description of Work NEW RES FDENTAL  Ambit Plumbing  Plumbing Contractor's Company Name  755 Rock Pillar RD CLAYION NC 27520  Address 20823  License #	Telephone  Email Address  n # Baths 2 919 934 - 1379  Telephone  Email Address
Mechanical Contractor's Company Name  343 Shipwash DR GARNER UC 27529  Address  18644  License #  Plumbing Contractor Information  Description of Work NEW RESTDENTAL  Ambit Plumbing  Plumbing Contractor's Company Name  755 Rock Pillar RD CLATION NC 27520  Address  20823  License #  Insulation Contractor Information	Telephone  Email Address  n  # Baths 2  919 934 -1379  Telephone  Email Address
Mechanical Contractor's Company Name  343 Shipwash DR GARWER UC 27529  Address  18644  License #  Plumbing Contractor Information  Description of Work NEW RESTDENTAL  Imbit Plumbing  Plumbing Contractor's Company Name  755 Rock Pillar RD CLAYTON NC 27520  Address  20823  License #  Insulation Contractor Information  TATUN INSULATION II SIA OLD RUG STORE RD	Telephone  Email Address   # Baths 2  919-934-1379  Telephone  Email Address
Mechanical Contractor's Company Name  343 Shipwash DR GARNER UC 27529  Address  18644  License #  Plumbing Contractor Information  Description of Work NEW RESTDENTAL  Ambit Plumbing  Plumbing Contractor's Company Name  755 Rock Pillar RD CLATION NC 27520  Address  20823  License #  Insulation Contractor Information	Telephone  Email Address  n  # Baths 2  919 934 -1379  Telephone  Email 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. Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Officer/Agent of the Contractor or Owner General Contractor \_\_\_\_\_ 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: 2/21/2022 Sign w/Title: