

A	141	- 41
App	ication	n#_

* 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: Cansoll Construction, Homes, Inc	Date 2 21/2021		
Site Address: 311 PLACTO POND DE Browling W 27505	Phone 919-868-7760		
Subdivision: HAVEN	Lot		
Description of Proposed Work: NEW RESTOENTAL	Total Job Cost 285,000		
General Contractor Information			
(T.C. ADAMS Construction, INC.	919-868-7700		
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 1600 GARAGE SC	FT 462		
License #			
Description of Work NEW RESIDENTIAL Service Size: 200 Amps T-Pole: YesNo			
R. A. JAULSON Electric Service Size:	919-894-5367		
Electrical Contractor's Company Name	Telephone		
926 Raleigh ROAD Benson NC 27504			
Address	Email Address		
21144SFD			
License #			
Mechanical/HVAC Contractor Information			
Description of Work NEW RESDENTIAL			
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			
ATTIA DOCTAGATTA	7		
Description of Work NEW RES FOENTIAL	# Baths a		
Ambit Plumbing	919 934 1379		
Plumbing Contractor's Company Name	Telephone		
755 Rock Pillar RD CLAYTON NC 27520			
Address	Email Address		
20823			
License # Insulation Contractor Informatio	n l		
TATUM INSULATION II SIG OLD PLUG STORE P.D.	919-661 - 0999		
Insulation Contractor's Company Name & Address CANCL W	Telephone		
Insulation Contractor's Company Name & Address GARNER W			
*NOTE: General Contractor / owner must fill out and sign the s	second page of this application.		
NOTE. General Contractor / Owner must mi out and sign the	occina baga or mine approantion		



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: 22/2022 Sign w/Title: