



Application # \_\_\_\_\_

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

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Corroll Construction Homes Date 3/7/2023  
Site Address: 60 Harmony trail Broadway NC 27505 Phone 919-868-7708  
Subdivision: HAVEN Lot 62  
Description of Proposed Work: NEW RESIDENTIAL Total Job Cost 334,900

**General Contractor Information**

G.C. ADAMS Construction, INC 919-868-7700  
Building Contractor's Company Name Telephone  
10000 RALEIGH RD Benson NC 27504 cameron.adams1087@gmail.com  
Address Email Address  
81270 HEATED SQ FT 1601 GARAGE SQ FT 516  
License #

**Electrical Contractor Information**

Description of Work NEW RESIDENTIAL Service Size: 200 Amps T-Pole:  Yes  No  
R.A. JACULSON Electric 919-894-5367  
Electrical Contractor's Company Name Telephone  
9261 Raleigh Road Benson NC 27504  
Address Email Address  
2114 SFD  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NEW RESIDENTIAL  
Stephenson's Heating & Air 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 Shipwash DR GARNER NC 27529  
Address Email Address  
18644  
License #

**Plumbing Contractor Information**

Description of Work NEW Residential # Baths 3  
C:C select Plumbing 919-625-0163  
Plumbing Contractor's Company Name Telephone  
421 WATKINS ROAD CLAYTON NC 27520  
Address Email Address  
25464  
License #

**Insulation Contractor Information**

FRIENDS INSULATION, LLC 919-291-2438  
Insulation Contractor's Company Name & Address Telephone  
2001 BLOUNT CREEK CLAYTON NC 27520

\*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.

C. Ak  
Signature of Owner/Contractor/Officer(s) of Corporation

3/7/2023  
Date

**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.

Sign w/Title: C. Ak    OWNER    Date: 3/7/2023