

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: Campil Construction Homes	Date 8/9/2027
Site Address: 357 PLAGED DOND DR Broadway M 27505	Phone 919-868-7708
Subdivision: HAV EN	Lot <u>14</u>
Description of Proposed Work: NEW RESIDENTAL	Total Job Cost 4 280,000
General Contractor Information	
G.C. ADAMS Construction, INC	919-568-7700
Building Contractor's Company Name	Telephone
10000 RALEIGH RD Banson NC 27504	Cameron. adams 1087e g mas 1. com Email Address
Address	Email Address
81270 HEATED SQ FT 1395 GARAGE SQ	FT 277
License #	
Description of Work NEW RESTORUTY Service Size:	Amps T-Pole: Yes_No
R.A. JACILSON Electric	919-894-5367
Electrical Contractor's Company Name	Telephone
9261 Rateigh Roal Benson NC 27504	
Address	Email Address
Z114 SFD	
License #	ation.
Mechanical/HVAC Contractor Inform	ation
Description of Work NEW RESPORTSAL	0.4-7.29 01.41
Stephnson's Heating : ASE Mechanical Contractor's Company Name	919-329-0686 Telephone
Mechanical Contractor's Company Name	relephone
343 shipwash DR GARNER MC 27529	Email Address
18644	Linai Addioso
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 WANKINS ROAD CLAYTON NC 27520	
Address	Email Address
25464	
License # Insulation Contractor Informatio	n
	919-291-2438
Insulation Contractor's Company Name & Address	Telephone
2001 BLOUNT CREEK LLAYTON NC 27520	Constitution (Constitution)
DUMPI OPECIA	

*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-bermission 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.	
Sign w/Title: Date: 9/9/2022	