



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: Adams Homes AEC LLC Date: 7/11/22
Site Address: 74 Red Pine Ct. Phone: 919-233-6747
Subdivision: Cameron Woods II Lot: 16
Description of Proposed Work: SFD Total Job Cost: 250,000

General Contractor Information

Adams Homes AEC LLC Telephone 919-233-6747
Building Contractor's Company Name
149 U.S. Hwy 70 W. Garner, NC 27529 Email Address Raleighpermits@adamshomes.com
Address
59785 HEATED SQ FT 3119 GARAGE SQ FT 423
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
J.M. Pope Telephone 919-776-5144
Electrical Contractor's Company Name
409 Chatham St. Sanford, NC 27330 Email Address _____
Address
213216L
License #

Mechanical/HVAC Contractor Information

Description of Work _____
D3D HVAC, LLC Telephone 919-628-2183
Mechanical Contractor's Company Name
1005 Chatham St. Sanford, NC 27330 Email Address _____
Address
23371
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Titans Telephone 919-902-0990
Plumbing Contractor's Company Name
Raleigh, NC Email Address _____
Address
34800
License #

Insulation Contractor Information

Tatum Telephone _____
Insulation Contractor's Company Name & 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

6/10/21

 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:  General Manager Raleigh Date: 6/10/21