

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: Carrol Construction Homes INC Site Address: 460 PLACED POND DRIVE Broading NC S | Date 3/7/2023 |
|--|-------------------------------|
| Site Address: 460 PLACTO POND DRIVE Broading NLD | Phone 414-000-776 |
| Subdivision: LIAVEN | Lot 28 |
| Description of Proposed Work: NEW RESIDENTAL | Total Job Cost 314, 900 |
| General Contractor Information | |
| G.C. ADAMS Construction, INC | 919-568-7700 |
| Building Contractor's Company Name | Telephone |
| 10000 RALEIGH RD Benson IK 27504 | Cameron adams 1087e gmail com |
| Address | Email Address |
| 81270 HEATED SQ FT 1564 GARAGE SQ | FT 999 |
| License # | |
| Description of Work NEW RESTORUTAL Service Size: | Amps T-Pole: Ves No |
| R.A. JULISON Electric | 919-894-5367 |
| Electrical Contractor's Company Name | Telephone |
| 9261 Raleigh Roal Berson NC 27504 | |
| Address | Email Address |
| Z114SFD | |
| License # | ation |
| Mechanical/HVAC Contractor Inform | ation |
| Description of Work WEW RESIDENTSAL | 014-229 0141 |
| Stephenson's Heating ! ADR | 919-329-0686 Telephone |
| Mechanical Contractor's Company Name | relepitorie |
| 343 shipwash DR GARNER MC 27529 Address | Email Address |
| 18644 | Ziliaii / Idai 650 |
| 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 | W |
| Address | Email Address |
| 25464 | |
| License # Insulation Contractor Information | |
| | 919-291-2438 |
| Insulation Contractor's Company Name & Address | Telephone |
| 2001 BLOUNT CREEK LLAYTON NC 27520 | P |
| JOON KINDY CICETO CANONICO | |



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.

| orgination of owner/contractor/ormoon(c) or 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: | |