

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

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

Application for Residential Building and Trades Permit

Owner's Name: Carroll Construction Homes, INL Site Address: 153 Harmony Trail, Broadway, N.C 27	Date <u>1/9/2024</u>
Site Address: 153 Harmong Trail, Broadway, N.C 27	1505 Phone 919-868-7700
Subdivision: HAVEN	Lot <u>54</u>
Description of Proposed Work: NEW BEST DENTAL	Total Job Cost
General Contractor Information	
G.C. ADAMS Construction, INC	919-568-7700
Building Contractor's Company Name	Telephone
10000 RALEIGH RD Benson IL 27504	Cameron adams 1087e gmail com
Address	Email Address
81270 HEATED SQ FT 1564 GARAGE S	QFT_499
License #	on.
Description of Work NEW RESTORUTY Service Size:	200 Amps T-Pole: Yes_No
R.A. JUCULSON Electric	919-894-5367
Electrical Contractor's Company Name	Telephone
9261 Raleigh Roal Benson NC 27504	
Address	Email Address
Z114SFD	
License #	metion
Mechanical/HVAC Contractor Inform	nauon
Description of Work NEW RESPONTSAL	919-329-0686
Stephnson's Heating & ASE Mechanical Contractor's Company Name	Telephone
343 Shipwash DR GARNER MC 27529	relephone
Address	Email Address
18644	
License #	
Plumbing Contractor Information	
Description of Work NEW Residential	# Baths_
C: C Select Plumbing	919-625-0163
Plumbing Contractor's Company Name	Telephone
421 WATKINS ROAD CLAYTON NC 27520	F 1 Address
Address	Email Address
25464	
License # Insulation Contractor Informati	<u>on</u>
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 cany 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

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Signature of Owner/Contractor/Officer(s) of Corporation 1/9/24 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: Date: V9/24	