

Application # _____arnett County Central Permitting

* 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

Application for Residential Building and The	2000 / 2111111
Owner's Name: Cand Construction Homes	Date 6/14/2023
Site Address: 148 Harmony Trail Broadung NL 27505	Phone 4/9-065-7/00
Subdivision: HAVEN	Lot
Description of Proposed Work: NEW RESTDENTAL	Total Job Cost 250,000
General Contractor Information	
G.C. ADAMS Construction, INC	919-568-7700
Building Contractor's Company Name	Telephone
10000 RALEIGH RD Benson IC 27504	Cameron adams 1087e gmail com
Address	Email Address
BI 270 HEATED SQ FT 1421 GARAGE SQ	<i></i>
Description of Work NEW RESTORATE Service Size:	300 Amps T Pole: Ves No.
Description of Work 10 EV 102 Stroke Size:	an wall COLD
R.A. JAULSON Electric	919-894-5347 Telephone
Electrical Contractor's Company Name 926\ Raheigh Roal Benson NC 27504	relephone
Address	Email Address
ZII4SFP	
LIMST	
license #	
License # Mechanical/HVAC Contractor Inform	ation_
Mechanical/HVAC Contractor Inform	
Mechanical/HVAC Contractor Inform Description of Work//6W	919-329-0686
Description of Work WEW RESCOUNTED STEPHENSO'S HEATING ! HOLE Mechanical Contractor's Company Name	
Description of Work WEW RESCOUNTED STEPHENSO'S HEATING ! HOLE Mechanical Contractor's Company Name	919-329-0686 Telephone
Mechanical/HVAC Contractor Inform Description of Work NEW RESPONTIAL Stephenson's Heating: HDR Mechanical Contractor's Company Name 343 Shipwash DR. GARNER NR 27529 Address	919-329-0686
Mechanical/HVAC Contractor Inform Description of Work NEW RESEDENTEAL Stephenson's Heating & ARR Mechanical Contractor's Company Name 343 Shipwash DR. GARNER N. 27529 Address BL44	919-329-0686 Telephone
Mechanical/HVAC Contractor Inform Description of Work NEW RESEDENTEAL Stephnson's Healing & ARR Mechanical Contractor's Company Name 343 Shipwash DR. GARNER N. 27529 Address BL44 License #	919-329-0686 Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work NEW RESEDENTEAL Stephnson's Healing in Heal	919-329-0686 Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work NEW RESEDENTEAL Stephenson's Heating in HERE Mechanical Contractor's Company Name 343 Shipwash DR. GARNER N. 27529 Address BL44 License # Plumbing Contractor Information Description of Work NEW Residential	919-329-0686 Telephone Email Address # Baths_ 3
Mechanical/HVAC Contractor Inform Description of Work NEW RESEDENTEAL Stephnson's Heating: HER Mechanical Contractor's Company Name 343 Shipwash DR. GARNER NC 27529 Address BL44 License # Plumbing Contractor Information C: C Select Plumbing	919-329-0686 Telephone Email Address n # Baths 3 919-625-0163
Mechanical/HVAC Contractor Inform Description of Work NEW RESEDENTEAL Stephnson's Heating in High Mechanical Contractor's Company Name 343 Shipwash DR. GARNER NL 27529 Address BL44 License # Plumbing Contractor Information C: C Sclut Plumbing Plumbing Contractor's Company Name	919-329-0686 Telephone Email Address # Baths_ 3
Mechanical/HVAC Contractor Inform Description of Work NEW RESEDENTEAL Stephnson's Heating is HERE Mechanical Contractor's Company Name 343 Shipwash DR. GARNER N. 27529 Address BL44 License # Plumbing Contractor Information Description of Work NEW Residents C: C Solut Plumbing Plumbing Contractor's Company Name 421 WATKINS ROAD CLAYTON N. 27520	919-329-0686 Telephone Email Address n # Baths 3 919-625-0163 Telephone
Mechanical/HVAC Contractor Inform Description of Work NEW RESEDENTEAL Stephnson's Healing in the Mechanical Contractor's Company Name 343 Shipwash DR. GARNER N. 27529 Address BL44 License # Plumbing Contractor Information C: C Solut Plumbing Plumbing Contractor's Company Name 421 WATKINS ROAD CLAYTON N. 27520 Address	919-329-0686 Telephone Email Address n # Baths 3 919-625-0163
Mechanical/HVAC Contractor Inform Description of Work NEW RESEDENTEAL Stephnson's Heating: HAR Mechanical Contractor's Company Name 343 Shipwash DR. GARNER N. 27529 Address BL44 License # Plumbing Contractor Information Description of Work NEW Residents C: C Scleet Plumbing Plumbing Contractor's Company Name 421 WATKINS ROAD CLAYTON N. 27520 Address 25464	Paths 3 Telephone # Baths 3 Telephone Email Address Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work NEW RESEDENTEAL Stephnson's Healing in the Mechanical Contractor's Company Name 343 Shipwash DR. GARNER N. 27529 Address BL44 License # Plumbing Contractor Information C: C Solut Plumbing Plumbing Contractor's Company Name 421 WATKINS ROAD CLAYTON N. 27520 Address	919-329-0686 Telephone Email Address n # Baths 3 919-625-0163 Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work NGW RESCOUNTSAL Stephnson's Healing: HDL Mechanical Contractor's Company Name 343 Shipwash DPL GARNER NC 27529 Address BL44 License # Plumbing Contractor Information Description of Work NEW Residents C'C Sclert Plumbing Plumbing Contractor's Company Name 421 WATTON NC 27520 Address 25464 License # Insulation Contractor Information Insulation Contractor Information	919-329-0686 Telephone Email Address # Baths 3 919-625-0163 Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work NEW RESEDENTEAL Stephnson's Heating: HAR Mechanical Contractor's Company Name 343 Shipwash DR. GARNER N. 27529 Address BL44 License # Plumbing Contractor Information Description of Work NEW Residents C: C Scleet Plumbing Plumbing Contractor's Company Name 421 WATKINS ROAD CLAYTON N. 27520 Address 25464	919-329-0686 Telephone Email Address n # Baths 3 919-625-0163 Telephone Email 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 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. K 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. / Date: 4/14/2023 Sign w/Title:

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1943329

Filed on: 06/20/2023

Initially filed by: cameronadams

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (http://www.liensnc.com)

Address: 223 S. West Street, Suite 900 /

Raleigh, NC 27603

Owner Information

G.C. Adams Construction, Inc. 10000 Raleigh Road Benson, NC 27504

Email: cameron.adams1087@gmail.com

Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com

Project Property

lot 57 haven 148 harmony trail broadway, NC 27505 harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

06/20/2023

Print & Post



Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this

View Comments (0)

United States

Phone: 919-868-7700

Technical Support Hotline: (888) 690-7384