



**Harnett**  
**COUNTY**  
NORTH CAROLINA

Application # SFD-2306-0114

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

\* 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: Adirondack Development LLC Date 2/20/25  
Site Address: 13301 NC 27 W Broadway 27505 Phone 919-669-4579  
Subdivision: — Lot 3  
Description of Proposed Work: New Residential Single Family Total Job Cost \$195,000

**General Contractor Information**

Adirondack Development LLC 919-669-4579  
Building Contractor's Company Name Telephone  
1303 Old Walker Mill Rd, Apex NC 27502 adirondackdev@gmail.com  
Address Email Address  
74384 HEATED SQ FT 1452 GARAGE SQ FT 192  
License #

**Electrical Contractor Information**

Description of Work New Service Service Size: 200 Amps T-Pole: — Yes ☒ No  
Imperial Electric Inc 919-363-7474  
Electrical Contractor's Company Name Telephone  
PO Box 162, Apex NC 27502 office@imperialelectricinc.com  
Address Email Address  
19850  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New System  
Air System Services, Inc 919-266-5755  
Mechanical Contractor's Company Name Telephone  
2849 Smithfield Rd, Knightdale, NC 27545 fwall@airsystems-services.com  
Address Email Address  
14737  
License #

**Plumbing Contractor Information**

Description of Work New House # Baths 2  
Hare Plumbing, Inc 919-720-5308  
Plumbing Contractor's Company Name Telephone  
412 Swaringen Lane, Sanford, NC 27330 plumberman98@gmail.com  
Address Email Address  
19443  
License #

**Insulation Contractor Information**

Greenview Foam Insulation, LLC 919-671-4325  
Insulation Contractor's Company Name & Address Telephone

**\*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

2/20/2025  
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:

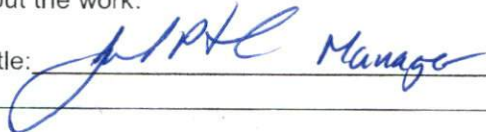
☐ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

☐ 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:  Manager Date: 2/20/2025