



Application # \_\_\_\_\_

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

\* 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.

Owner's Name: Adams Homes AEC, LLC Date: 9/19/24  
Site Address: 124. Northwood dr. Phone: 919-233-6747  
Subdivision: The Preserve at Kipling Creek Lot: 43  
Description of Proposed Work: Single Family Dwelling Total Job Cost: \$250,000.00

**General Contractor Information**

Adams Homes AEC LLC 919-233-6747  
Building Contractor's Company Name Telephone  
149 US Hwy 70 W. Garner, NC 27529 raleighpermits@adamshomes.com  
Address Email Address  
59785 HEATED SQ FT 2030 GARAGE SQ FT 416  
License #

**Electrical Contractor Information**

Description of Work New Single Family Home Service Size: 200 Amps T-Pole:  Yes \_\_\_ No  
Kearns 919-369-7852  
Electrical Contractor's Company Name Telephone  
Garner, NC kearnselectricalservice@gmail.com  
Address Email Address  
22899  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New construction split heat pump with quantity 1 gas pressure test  
D&D HVAC, LLC 919-628-2183  
Mechanical Contractor's Company Name Telephone  
605 Catham St. Sanford, NC 27330 lmillan@ddhvacllc.com  
Address Email Address  
36909  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths 2.5  
Titans 919-615-1947  
Plumbing Contractor's Company Name Telephone  
Raleigh, NC admin@titansservice.com  
Address Email Address  
34800  
License #

**Insulation Contractor Information**

Tatum 919-661-0999  
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.**

Amanda Allen

AA

9/19/24

Signature of Owner/Contractor/Officer(s) of Corporation

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: Amanda Allen

Date: 9/19/24

**THE FOLLOWING AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE MUST BE COMPLETED BY THE APPLICANT FOR THE BUILDING PERMIT AND THEIR SIGNATURE NOTARIZED!**

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE  
(N.C.G.S. §87-14)**

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:  
 Contractor       Owner       Officer/Agent of the Contractor or Owner

do hereby affirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ...has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,
- ...has/have one or more subcontractor(s) and have obtained workers' compensation insurance covering them,
- ...has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering themselves,
- ...has/have not more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' 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.

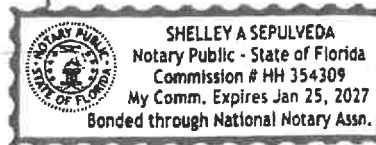
**THE SIGNATURE OF THE QUALIFIER OF THE LICENSCE MUST BE NOTARIZED BELOW.**

Firm or Company Name | Adams Homes LLC | Title | MANAGER  
 By | [Signature]  
 Date

I, SHELLEY A. SEPULVEDA, a Notary Public for ESCAMBAMA County and State of FLORIDA do hereby certify that WILLIAM BRUNN ADAMS personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 7 day of MAY, 2023.

[Signature]  
 Notary Public Signature



My Commission Expires: 1-25-27  
 (SEAL)