



Application # _____

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

*** 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.**

Application for Residential Building and Trades Permit

Owner's Name: Adams Homes AEC, LLC Date: _____
Site Address: 131 RIVER CHAPEL DR Phone: 919-233-6747
Subdivision: The Preserve at Kipling Creek Lot: 103
Description of Proposed Work: Single Family Dwelling Total Job Cost: \$250,000.00

General Contractor Information

Adams Homes AEC LLC Telephone: 919-233-6747
Building Contractor's Company Name Telephone: naib@harnettpermits@adams-homes.com
149 US Hwy 70 W. Garner, NC 27529 Email Address: _____
Address: _____
License #: 3320 499

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

Description of Work: New construction split heat pump with quantity 1 gas pressure test
D&D HVAC, LLC Telephone: 919-628-2183
Mechanical Contractor's Company Name Telephone: lmillan@dthvacllc.com
605 Catham St. Sanford, NC 27330 Email Address: _____
Address: _____
License #: 23371

Plumbing Contractor Information

Description of Work: _____
Titans Telephone: 919-615-1947
Plumbing Contractor's Company Name Telephone: admin@titansservice.com
Raleigh, NC Email Address: _____
Address: _____
License #: _____

Insulation Contractor Information

Tatum Telephone: 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

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

12/27/24

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: *Amanda Allen*

Date: *12/27/24*