

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

Each section below to be filled out by whomever performing work.
Viust be owner/occupier or licensed contractor. Address, company name &

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

owner/occupier or licensed	Application for Residential Building and T	rades Permit
ownernoess, company phone must match		Date: 1/29/25
on on license.  Owner's Name: Adams	Homes AEC. LLC	Phone: 919-233-6747
	Northwood DR	Phone:
Site Address: 27	Wirling Creek	Lot: 48
Subdivision: The Present	Single Family Dwelling	Total Job Cost: \$250,000.00
Description of Propose	d VVOIR.	20
	General Contractor Information	9119-233-6747
Adams Homes AEC LIL		Telephone
Suilding Contractor's Company Name		nathighpenmits@adamshomes.com
149 US Hwy 70 W. Gammer, N.C 27529		Email Address
Address		
59785	PRATECISO FT	BERTINA
License #	Electrical Contractor Informati	ion No.
	Electrical Contractor  Service Size	
Description of Work	w Single Family Home	9119-31149-118512
Waarne		Telephone
Electrical Contractor's	Company Name	Resurvalles micalheroice@gmail.com
Garner, NC		Email Address
Address		
22899	_	
License #	Mechanical/HVAC Contractor Info	rmation
	h and I lynn	
Description of Work	Instal HVHC	704-882-4522
The state of the s	11/1/3 11 11/0	Telephone Colored CDI
Mechanical Contractor	's Company Name	Telephone Lbyrd@Carlmechanicals.Com
Modern Van bull		Email Address
Address	23019	
22084		
License #	Plumbing Contractor Informat	ion
Licenso "	Plumbing Consulting	# Baths
Description of Work	lew Single Family averling	9 129:-6715:-1947
Titons		Telephone
Titans Plumbing Contractor's Ga	mpany Name	adinin@titansservice com
Plumbing Control		Email Address
Raleigh, NC		
Address 34800		
	and a sector Information	tion
License #	Insulation Contractor Information	<u>s 119 - 66/1 - 0999</u>
License #	Insulation Contractor Information Company Name & Address	tion 9119 - 661 - 0999 Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

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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

Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:
General Contractor Owner X 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:
X 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: