



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: 111 Highhampton way Phone: 919-233-6747
Subdivision: The Preserve at Kipling Creek Lot: 38
Description of Proposed Work: Single Family Dwelling Total Job Cost: \$250,000.00

General Contractor Information

Adams Homes AEC LLC
Building Contractor's Company Name
149 US Hwy 70 W. Garner, NC 27529
Address
59785
License # _____
Telephone 919-233-6747
naighthorn@adamshomes.com
Email Address
3641 454

Electrical Contractor Information

Description of Work New Single Family Home Service Size: 200 Amps T-Pole: Yes No
Kearns
Electrical Contractor's Company Name
Garner, NC
Address
22899
License # _____
Telephone 919-360-7852
kearns@electricalservice@gmail.com
Email Address

Mechanical/HVAC Contractor Information

Description of Work Instal HVAC
Carl mechanicals
Mechanical Contractor's Company Name
1041 Van Burden ave, Indian trail, NC
Address
22084
License # _____
Telephone 704-882-4522
lb4rd@carlmechanicals.com
Email Address

Plumbing Contractor Information

Description of Work _____
Titans
Plumbing Contractor's Company Name
Raleigh, NC
Address
34800
License # _____
Baths _____
919-605-1947
Telephone
admin@titansservice.com
Email Address

Insulation Contractor Information

Tatum
Insulation Contractor's Company Name & Address
Telephone 919-661-0999

***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

2/7/25
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: 2/7/25