

KCOO2.



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**

RALEIGH SOUTH

MAR 10 2025

Owner's Name: Adams Homes AEC, LLC Date: 919-233-6747  
 Site Address: 27 Decatur Dr. Phone: 919-233-6747  
 Subdivision: The preserve at Rippingrook Lot: 2  
 Description of Proposed Work: NEW Single family home 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 2688 GARAGE SQ FT 542  
 License #

**Electrical Contractor Information**

Description of Work Recess Service Size: 200 Amps T-Pole: X Yes    No  
Garner 919-369-7852  
 Electrical Contractor's Company Name Telephone  
22899 Email Address  
 License #

**Mechanical/HVAC Contractor Information**

Description of Work Carl 704-882-4522  
Raleigh Telephone  
22084 Email Address  
 License #

**Plumbing Contractor Information**

Description of Work Titans # Baths 3  
Raleigh, NC 919-902-0990  
 Address Telephone  
34800 Email Address  
 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.**

*Amarda Allen*

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

*3/10/25*

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: *Amarda Allen*

Date: *3/10/25*