

KC002



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: 7/23/25
 Site Address: 27 DECATOR DR. Phone: 919-233-6747
 Subdivision: THE PRESERVE AT KIPLING CREEK 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 50 FT. 2628 GARAGE 50 FT 542.
 License #

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

Description of Work CARL MECHANICALS 980-210-9548
 Mechanical Contractor's Company Name Telephone
RALEIGH, NC
 Address Email Address
22084
 License #

Plumbing Contractor Information

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

Insulation Contractor Information

TRI-CITY 919-790-9684
 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

7/23/25.
Date

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: Amarda Allen Date: 7/23/25.