

KC016



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

Application # _____

* 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: 3/10/25
Site Address: 94 Decatur Dr. Phone: 919-233-6741
Subdivision: The preserve at kipling Creek Lot: 116
Description of Proposed Work: NEW Single family home Total Job Cost: 250,000.00

General Contractor Information

Adams Homes AEC, LLC 919-233-6741
Building Contractor's Company Name Telephone
149 US HWY 70 W. Garner, NC 27529 raleighpermits@adamshomes.com
Address Email Address
59785 HEATED/COOL 3212 GARAGE 80 FT 456
License #

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

Description of Work _____
Carl 704-882-4522
Mechanical Contractor's Company Name Telephone
Raleigh
Address Email Address
22084
License #

Plumbing Contractor Information

Description of Work _____ # Baths 3.3
Titans 919-902-0990
Raleigh, NC Telephone
Address Email Address
34200
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*