

KC049



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: 40 Northwood Dr. Phone: 919-233-6741
Subdivision: The Preserve at Kipling Creek Lot: 49
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 rleighpermits@adamshomes.com
Address Email Address
59785 HEATED 80 FT 2310 CARAGE 80 FT 500
License #

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

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

Amanda 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:

Amanda Allen

Date:

3/10/25

KC049

Fax#910-814-4002 or upload to www.sendthisfile.com/harnett, recipient utilitybilling@harnett.org

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Equal Opportunity Provider and Employer

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required.

*****DEPOSITS BELOW APPLY TO APPROVED CREDIT ONLY*****

Today's Date <u>3/10/25</u>	Contract Date _____	Fees Due: Deposit, Owner, Water \$25	Set Up Fee, all accounts: \$15
Date Service Requested _____		Deposit, Owner, Sewer \$25	
		Deposit, Rental, Water \$50	
		Deposit, Rental, Sewer \$50	Meter Fee: \$70

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and /or sewer service connections at the following location:

Service Address: 40 Northwood Dr.
 Owner ☒ Renter _____ (PROPERTY OWNER & PHONE NO.) Adams Homes (customer # 228967)
raleighpermits@adams homes.com

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>Amanda Allen permit coordinator</u>		NAME (FIRST, LAST)	
MAILING ADDRESS: <u>100 W. Garden St. (att. 2nd floor admin) Pensacola, FL, 32502</u>			
SOCIAL SECURITY # OR TIN	CONTACT PHONE # <u>9192336747</u>	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME <u>Adams Homes AEC, LLC</u>		EMPLOYER NAME	
EMPLOYER ADDRESS	PHONE # <u>9192336747</u>	EMPLOYER ADDRESS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS	
NAME OF NEAREST RELATIVE AND PHONE #		NAME OF NEAREST RELATIVE AND PHONE #	

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. **Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. HARNETT COUNTY IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS.** Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service.

By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature Amanda Allen

FOR OFFICE USE ONLY

FEES: Set-Up Fee \$15 ___ Deposit \$ ___ Same Day \$50 ___ Meter Fee \$70 ___ Damage \$ ___ Other \$ ___

Account # Transferred From: ___ Date To Turn Off ___

ACCOUNT #: CID: ___ LID: ___ WATER ___ SEWER ___ CREDIT: APPROVED / DENIED

Turn On: ___ Unlock Only: ___ Read Only: ___ Install: ___ Customer Serv Rep: ___