

KC097



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

RALEIGH SOUTH

MAR 10 2025

Owner's Name: Adams Homes AEC, LLC Date: RECEIVED
Site Address: 45 River Chapel Dr. Phone: 919-233-6747
Subdivision: The Preserve at Kipling Creek Lot: _____
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 3130 GARAGE 30 FT 509
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 704-888-4522
Mechanical Contractor's Company Name Telephone
Raleigh, NC _____
Address Email Address
22084 _____
License #

Plumbing Contractor Information

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

MAR 10 2025

Date

RECEIVED

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: _____

MAR 10 2025

RECEIVED