

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 & p informatio

## Application for Residential Building and Trades Permit

Address, company	Application for Residential Building and Th	des i crime
phone must match on on license.		Date: <u>UIUI25</u>
Owner's Name:	Adams Homes AEC, LLC	Phone: 919-233-6141
Site Address:	85 Decatur Dr.	1.0
Cubdivision: THE P	RESGRUE AT KIPLING CREEK	Total Job Cost: <b>250,000 - 00</b>
Description of Propose	d Work: New Single family home	Total Job Cost:
Boompar	General Contractor Information	
Adams Homes		919-233-6741
B. Hilliam Contractor's C	omnany Name	Telephone (000)
149 DS HWY 70	W. Garner, NC 87529 rai	eighpermits@adamshomes.com
Address	1207	Email Address
59785		MFT _391.
License #	Electrical Contractor Information	1 V
Description of Work	Service Size:	AUDO AUDS I-Fole. Z 163IVO
KEARNS	ELECTRICAL	919-369-7852
Electrical Contractor's		Telephone
GARNE		Email Address
Address		Email Address
22399	_	
License #	Mechanical/HVAC Contractor Inform	ation
Description of Work	omfort	919-980-0722.
Mechanical Contractor	s Company Name	Telephone
Sanford	NC	
Address		Email Address
36959	-	
License #	Plumbing Contractor Information	
		# Baths
Description of Work		919-902-0990
Titans		Telephone
Detaigh NC		
Raleigh, NC Address		Email Address
2 U 800		
License #	Insulation Contractor Information	
	Insulation Contractor Information	919-401-0999
Tatum	Campany Name & Address	Telephone
Insulation Contractor's	Company Name & Address	

\*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.

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

Affidavit for Worker's Compensation N.C.G.S. 87-14			
The undersigned applicant being the:			
General Contractor OwnerX 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: Anarda Allen Date: 410/26.			