

KC114



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: 6/16/25  
Site Address: 73 Sunburst Ct. Phone: 919-233-6747  
Subdivision: THE PRESERVE AT KIPLING CREEK Lot: 114  
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 rleighpermits@adamshomes.com  
Address Email Address  
59785 3320 FT 499  
License #

#### Electrical Contractor Information

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

#### Mechanical/HVAC Contractor Information

Description of Work TOP Level Comfort 919-980-0722  
Mechanical Contractor's Company Name Telephone  
Sanford, NC  
Address Email Address  
36959  
License #

#### Plumbing Contractor Information

Description of Work Titans # Baths 3.5  
919-902-0990  
Telephone  
Raleigh, NC Email Address  
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.**

*Amarda Allen*

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

*10/16/25*  
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: *10/16/25*