



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: Charles and Deborah Schmidt Date: 03-05-2021
Site Address: 2275 Old Blues Creek Rd, Angier, NC 27501 Phone: 919 971 8881
Subdivision: _____ Lot: _____
Description of Proposed Work: New Horse Barn Total Job Cost: \$30,000

General Contractor Information

Milton Builders, LLC 910 890 0555
Building Contractor's Company Name Telephone
3183 US 421 N, Lillington, NC 27546
Address Email Address
72052 Barn
HEATED SQ FT GARAGE SQ FT 1296
License #

Electrical Contractor Information

Description of Work New Horse Barn Service Size: _____ Amps T-Pole: Yes No
Dawson's Electric, Inc. 919 552 0246
Electrical Contractor's Company Name Telephone
280 Jarco Road, Fuquay-Varina, NC 27526
Address Email Address
25948-1
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name N/A Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name N/A Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address N/A 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.

And W. Ma
Signature of Owner/Contractor/Officer(s) of Corporation

03-05-2021
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: And W. Ma Project Manager Date: 03/05/21