



Application # _____

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Gregory & Kathleen Miller Date 7/7/25
Site Address: 432 Lakeside Lane Sanford NC Phone 910308-3365
Subdivision: Carolina Lakes Lot _____
Description of Proposed Work: Deck around Pool Total Job Cost 52,000.00

General Contractor Information

Kathleen Miller / OWNER 910 308-3365
Building Contractor's Company Name Telephone
Kathleen Miller gk1mm96a@gmail.com
Address Email Address

License # _____ HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: ☐ Yes ☐ No

Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____

License # _____

Insulation Contractor Information

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.

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

7/7/2025
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.

KM ____ 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: Kathleen Miller owner Date: 7/7/25

STATE OF NORTH CAROLINA

COUNTY OF Harnett

OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14 (a) (1)

Inspection Department

Parcel Identification Number and address where the building is to be constructed: PIN _____

Address 432 Lakeside Lane Sanford NC 27332

Type of construction: ☒ Residential ☐ Commercial ☐ Industrial ☐ Other

Intended use after completion (e.g. Personal residence): Personal residence

Building permit number associated with this application: _____

1. Kathleen Miller
(Print Full Name)

(919) 308-3365
(Phone Number)

hereby claim exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-5 below attesting to the following:

1. KM I certify I am the owner of the property set forth above on which a building is to be constructed or altered and for which application for a building permit is hereby made;
OR

I am legally authorized to act on behalf of the firm or corporation that is constructing or altering this building on the property owned by the firm or corporation as set forth above:

(Name of Firm or Corporation)

2. KM I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1, Chapter 87 of the General Statutes of North Carolina.
3. KM I will be on site regularly during construction and I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina.
4. KM I understand that by executing this licensing exemption AFFIDAVIT pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.
5. KM I understand a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand if the North Carolina Licensing Board for General Contractors determines I am not entitled to claim this exemption the building permit issued for the construction or alteration specified herein shall be revoked pursuant to G.S. 160D-1115.

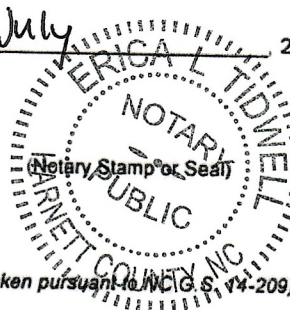
Kathleen Miller
(Signature of Affiant)

7/7/25
(Date)

Sworn or affirmed and subscribed before me this the 7 day of July, 2025

Enca L Tidwell
(Signature of Notary Public)

Enca L Tidwell
(Printed Name of Notary Public)



(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to NC G.S. 14-209)