



Application # \_\_\_\_\_

## 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

\* 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: Ann Milton Date 9-2-25Site Address: 3188 US-421 Lillington 27546 Phone 910 237 1675

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work: Turn detached garage into living space Total Job Cost 60,000.00**General Contractor Information**Building Contractor's Company Name Horizon Building Solutions Telephone 919 868 2493Address 1920 N Bryson Ct Fuquay Varina 27526 Email Address Hortoncustomers@yahoo.comLicense # 74206HEATED SQ FT 1030

GARAGE SQ FT \_\_\_\_\_

**Electrical Contractor Information**Description of Work Add wiring to living space Service Size: 200 Amps T-Pole: Yes ☒ NoElectrical Contractor's Company Name Msbry's Electrical Service Inc. Telephone 919 538 7127Address 731 Msbry Rd Angier 27502 Email Address Daniel@MsbrysElectrical.comLicense # 150770**Mechanical/HVAC Contractor Information**Description of Work Add HVAC to living space Telephone 910 890 2812Mechanical Contractor's Company Name Seremy MillerAddress 900 Tyler Dewar Lane Fuquay Varina Email Address \_\_\_\_\_License # 33958**Plumbing Contractor Information**Description of Work Add plumbing to living space # Baths 1 existingPlumbing Contractor's Company Name Eric Price Telephone 910 890 1350Address 19 CT Thomas Lane Lillington Email Address priceerofing76@yahoo.comLicense # P2-34384**Insulation Contractor Information**Insulation Contractor's Company Name & Address Honaworth 5222 Guess Rd Rosemont 27572 Telephone 919 957 9600

\*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

9-2-25  
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:  Owner    Date: 9-2-25